

Pre-Authorized Debit (PAD) Agreement North-Valley Islamic Centre (NICE)



Date: _____

I would like to support NICE to establish "Islamic Education Village" in the city of Brampton through monthly contributions.

Please debit my bank account:

\$50 \$100 \$ 200 Other Amount \$ _____ Only Funeral : _____

The debit will be processed to your account on the 20th day of each month or the next business day.

Please attach VOID cheque OR Fill up your bank information below.

Bank Account Information

Bank Name:		Branch Address	
Institution ID	Branch ID	Account Number	
Credit Card	V	MC	AX

Donor Information	Expiry Date:	M	M	Y	Y	CVV #			
Name:									
Name:									
Address:									
City:		Prov:		Postal Code					
Phone #		Cell#							
Email:									
Signature:									
Signature:									

This donation is made on behalf of: An Individual A Business

You, the Payer, may revoke your authorization at any time, subject to providing notice of 30 days. To obtain a Cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca

The payer have certain recourse right if any debit does not comply with this agreement for example, payer have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on your recourse right, contact your financial institution or visit www.cdnpay.ca

If payer is only for NICE Funeral program Member, Payer Agree to pay registration fee and also reimbursed share of funeral cost , which will be divided equally to all members. If he/she fall (*3) to pay any funeral cost share, NICE has right to revoke your funeral membership. Members responsible to change any address, emergency name and number, beneficiary or additional applicate within family

Contact Info/Comments/special instruction	North-Valley Islamic Centre (NICE) Tel: 647-573-6655 Email: info@nice-canada.com www.nice-canada.com
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