



**PRE-AUTHORIZED PAYMENT To:** \_\_\_\_\_

Branch | Chapter | BCMS | Head Office | SMS

I/We hereby authorize and direct the BC Muslim Association to debit my/our account on monthly basis at the financial institution which is identified on the attached voided specimen cheque in the amount as indicated below.

**Purpose:** 1. \_\_ Charitable Donation; 2. \_\_ School Fees; 3. \_\_ Madrasa Fees; 4. \_\_ HIC Fees 5. \_\_\_\_\_

**Category:** 1. \_\_ Personal 2. \_\_ Business

I/We hereby direct the B.C. Muslim Association to:

\_\_ Establish a new P.A.D Account

\_\_ Change existing P.A.D Account information

**Amount of deduction per month:** 1. \_\_ \$100.00 2. \_\_ \$50.00 3. \$30.00 4. \$ \_\_\_\_\_

First Payment Date: \_\_\_\_\_ Last Payment Date: \_\_\_\_\_ (or not applicable).

Payor's name(s) as shown on the financial institution records:

FIRST NAME		MIDDLE	LAST	
ADDRESS		CITY	PROVINCE	POSTAL CODE
TELEPHONE		EMAIL ADDRESS		

I/We acknowledge that all persons whose signatures are required to sign on the account have signed this agreement. I/We may revoke my/our authorization at any time, subject to providing notice not to exceeding 30 days. To obtain a sample of cancellation form, or for more information on my/our right to cancel a PAD Agreement, I/we may contact my/our financial institution or visit [www.payments.ca](http://www.payments.ca). I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/We 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 my/our recourse rights, i/We may contact my/our financial institution or visit [www.payments.ca](http://www.payments.ca).

Payor Signature	Date	Payor Signature	Date
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ATTACH "VOIDED" CHEQUE HERE

Process Date: \_\_\_\_\_ Client ID # \_\_\_\_\_

Pre-authorized debit is processed on 1<sup>st</sup> of every month through BCMA Head Office and where applicable an official tax-deductible receipt will be issued on December 31<sup>st</sup> of each calendar year. Members who donate through the pre-authorized payment plan will have their membership renewed automatically each year with no additional cost.

Should you require additional information, please do not hesitate to contact the Head Office at 6042702522 or email us at administrator@thebcma.com.