

Hussaini Association of Saskatoon

153-2002 Quebec Ave Saskatoon SK S7R 0E1 Ph: 306-341-1143, 306-261-1483

Pre-authorized Debit (PAD) Agreement

Date: _____

**I want to support Hussaini Association of Saskatoon through monthly donations.
Please debit my bank account:**

<table border="1"><tr><td>Void Cheque</td></tr></table>	Void Cheque
Void Cheque	
<table border="1"><tr><td>Branch # _____ Institution # _____ Bank Account # _____</td></tr></table>	Branch # _____ Institution # _____ Bank Account # _____
Branch # _____ Institution # _____ Bank Account # _____	

___ \$25 ___ \$50 ___ \$75 Other Amount _____ (specify)

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

Signature: _____

Donor Name: _____

Address/Contact Information: _____

Ph (Home) _____ Ph (Cell) _____

Email: _____

This donation is made on behalf of: _____ an Individual _____ a Business

I may revoke my authorization at any time, subject to providing notice of (Payee to insert period - not to exceed 30 days). To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca.

I have certain recourse rights if any debit does not comply with this agreement. For example, I 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 recourse rights, I may contact my financial institution or visit www.cdnpay.ca.