



Pre-Authorized Debit Agreement

Account Holder Personal Information

First Name Last Name

Email Phone

Address Postal Code

City Province

I, (the undersigned account holder)
authorize the Manitoba Islamic Association to debit my account on a monthly basis.

Each withdrawal will be a fixed amount of \$ for the MIA Education Program.

I may revoke my authorization at any time, subject to providing notice of 15 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 the signer above 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, I may contact my financial institution or visit www.cdnpay.ca.

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Signature of account holder

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Date

Please attach a void check to this form