

# White Rock Muslim Association

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## Pre-Authorized Debit (PAD) Agreement

White Rock Muslim Association  
Unit 24-15531 24 Ave  
Surrey BC V4A 2J4  
Tel: 604-542-0260  
Email: [whiterockmuslims@gmail.com](mailto:whiterockmuslims@gmail.com)

I wish to support WHITE ROCK MUSLIM ASSOCIATION through monthly donations.

**Please debit my bank account: (attach blank cheque marked VOID)**

\$10  \$20  \$25  \$50  Other Amount \$\_\_\_\_\_ (please specify)

**I would like this donation debit to be processed through my account on the:**

- 1<sup>st</sup> day of each month **or**  
 15<sup>th</sup> of each month

### Account Holder Name & Contact Details

Name (last name, first name)	
Address (street, city, province)	Postal Code:
Email:	Telephone:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (dd/mm/yyyy)

**This donation is made on behalf of:**  Individual  Business

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\*I may revoke my authorization at any time, subject to providing notice of 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](http://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.2](http://www.cdnpay.ca.2)