



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

## Islamic Society of Kingston

P.O. Box 61, Centennial PO  
100-2437 Princess Street  
Kingston, Ontario K7M 3G1  
Ph: (613) 542-9000

### Preauthorized Debit (PAD)

#### Form for preauthorized monthly deduction from bank

I, the undersigned, authorize the Islamic Society of Kingston to debit my account in the monthly amount of \$ \_\_\_\_\_ on the first day of each month starting on \_\_\_\_\_

If, at any time, I decide to change the conditions of this authorization, including increasing or decreasing the monthly deduction or to put a stop on this authorization, I will notify the Islamic Society of Kingston at least one month in advance.

*NOTE: A copy of a void cheque should be attached to the form.*

#### **Donor information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone number (s): \_\_\_\_\_

Email: \_\_\_\_\_

My monthly donation towards the Islamic Center will go towards (please check one):

- General maintenance  
 ICK Extension

#### **Banking Information:**

Name of the account: \_\_\_\_\_

Name of the Bank/Trust Company/Credit Union: \_\_\_\_\_

Branch address: \_\_\_\_\_

Branch Number (transit code) \_\_\_\_\_

Account Number: \_\_\_\_\_

Signature of donor: \_\_\_\_\_ Date: \_\_\_\_\_