



Siddiquia

Islamic Community Center Laval

[ICCL]

1655 Rue du Couvent, Laval, QC H7W 3A8

Pre-Authorized Debit Agreement

First name: _____ Last name: _____
E-mail: _____
Phone: _____
Address: _____
City: _____ Province: _____ Postal code: _____

I, _____ (the undersigned account holder)
authorize The Islamic Community Center Siddiquia [ICCL] to withdraw from my bank account
monthly.

Each withdrawal will be a fixed amount of \$ _____

For the following service:

☐ Membership ☐ Islamic education ☐ Meal (Langar) ☐ Other, please specify _____



*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.*

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.*

Signature of Account holder: _____ Date: ____/____/____

For direct deposit = **B.M.O :21451-1994-828** For E-transfer= **communitycentresiddiquia@gmail.com**

Contact : QariSab Amjed Javed (514) 290-3853 / Iqbal Syed (514) 575-5505 / Mohammad Arfan (514) 318-2500