



London Muslim Mosque Pre-Authorized Debit Agreement

151 Oxford Street West
London, ON N6H 1S3
(519) 439-9451 ext. 7
finance@londonmosque.ca

ACCOUNT HOLDER PERSONAL INFORMATION

First name: Last name:

E-mail: Phone:

Address: City: Province: Postal code:

I, (the undersigned account holder), authorize the London Muslim Mosque to debit my bank account on a basis.

Each withdrawal will be a fixed amount of \$ for the following service:

Membership Qur'an Hifth Program (QHP) Taekwondo

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 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

Signature of account holder

Date

--	--

(Please make sure to attach a VOID check to this form)