



Ayaat Foundation

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Pre-Authorized Debit (PAD) agreement

Account holder Information:

First Name: Last Name: Type of Service: Personal Business

Address: City: Province: Postal Code:

Tel: Email:

Student(s) Name(s) (if needed):

Financial Institution (FI) Information:

FI Name: Branch:

FI Number (3 Digits): FI Transit Number (Branch -5 digits): Deposit Account Number:

Chequing Account Savings Account:

Pre-Authorized Debit (PAD) Details: I authorize **Ayaat Foundation** to debit the bank account identified above:

- Total amount: \$ Canadian Dollars

- Purpose: Fees Donation Others

- Frequency:

Once on the date:

Monthly amount of: \$ Canadian Dollars for months. Starting the date:

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.payments.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.payments.ca

Name of Account Holder (please print clearly):

Signature of Account Holder: Date:

N.B. All transactions will take place in the last week of the month

Ayaat Foundation is a non-for-Profit organization that is still in the process of acquiring a charity number to be able to issue tax receipts.