



# Hussaini Association of Saskatoon

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## Pre-authorized Debit (PAD) Agreement

Date: \_\_\_\_\_

**I want to support Hussaini Association of Saskatoon through monthly donations.**

**Please debit my bank account:**

<div style="border: 1px solid black; width: 80%; margin: 0 auto; padding: 5px;">Void Cheque</div>
<div style="border: 1px solid black; padding: 5px;">           Branch # _____ Institution # _____ Bank Account # _____         </div>

\_\_\_ \$25 \_\_\_ \$50 \_\_\_ \$75 \_\_\_ \$ 100 Other Amount \_\_\_\_\_ (specify)

The debit will be processed to your account on the 20<sup>th</sup> day of each month or the next business day.

Signature: \_\_\_\_\_

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

Address/Contact Information: \_\_\_\_\_

Ph (Home) \_\_\_\_\_ Ph (Cell) \_\_\_\_\_

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

This donation is made on behalf of: \_\_\_\_\_ an Individual \_\_\_\_\_ a Business

I may revoke my authorization at any time, subject to providing notice of (Payee to insert period - not to exceed 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](http://www.cdnpay.ca).