



**Afghan Canadian**

ISLAMIC COMMUNITY

جامعه اسلامی افغان های کانادا

# Pre-Authorized Debit

22 Hobson Ave.  
Toronto, ON, M4A 1Y2  
416-757-2553  
www.afghancanada.com

## Account Holder's Details

First Name		
Last Name		
Middle Name		
Street #/Apartment #		
City		
Province		
Postal Code		
Phone Numbers	Cell:        /        /	Home:        /        /

## Financial Institution (Bank) Details

Financial Institution (Bank) Name:		Financial Institution #: _____
Account #: _____	Branch #: _____	<input type="checkbox"/> Chequing Account <input type="checkbox"/> Saving Account
Amount	\$ _____ CAD <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	
Street: _____ City: _____ Province: _____		
Postal Code: _____ Phone #: _____ / _____ / _____		

### Pre-Authorized Debit Terms and Conditions:

I give full authorization to Islamic Community of Afghans in Canada, to charge the mentioned amount on my bank account as identified above, for the purpose of paying for my membership fees. I also declare that I am aware that this amount can be monthly or yearly.

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 Pre-Authorized Debit agreement, I may contact my financial institutions or visit [www.cdnpay.ca](http://www.cdnpay.ca).

There will not be any statement or notice issue of the above debit from ACIC.

I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Pre-Authorized Debit agreement. To obtain more info on my recourse, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

**Yes, I agree to all Pre-Authorized Debit terms and conditions:**

Account Holder's Signature: \_\_\_\_\_ Date: MM / DD / YY