



# TORONTO ISLAMIC ACADEMY

Transforming Tomorrow through Teaching & Tradition

3334 Danforth Ave.  
Toronto, ON M1L 1C6

Phone: 647.954.0445  
Email: [info@tiacademy.com](mailto:info@tiacademy.com)

Fax: 647 710 2381  
Web: [www.tiacademy.com](http://www.tiacademy.com)

## PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

### Donor Information (Please Print Clearly)

FULL NAME (FIRST, LAST &/OR MIDDLE NAME)

STREET NO.

STREET NAME

APT. NO.

CITY

PROVINCE

POSTAL CODE

HOME PHONE

CELL PHONE

EMAIL

### Bank Account Information (Please attach a VOID cheque or enter information below)

(5 digits)

ACCOUNT NUMBER

TRANSIT/BRANCH NUMBER

(3 digits)

BANK NUMBER

BANK NAME

### Pre-Authorized Debit (PAD) Information (Please Print Clearly)

I want to support Toronto Islamic Academy through monthly donations.

PLEDGE AMOUNT:  \$30  \$50  \$60  \$75  \$100 Other Amount: \$\_\_\_\_\_ (specify)

I/We, \_\_\_\_\_, authorize Toronto Islamic Academy to debit the above amount from my bank account on the  11<sup>th</sup> or  25<sup>th</sup> (select one) of every month or the next business day.

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

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.cndpay.ca](http://www.cndpay.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).

\_\_\_\_\_  
SIGNATURE OF ACCOUNT HOLDER

\_\_\_\_\_  
DATE