



Islamic Foundation of Toronto Inc.  
 441 Nugget Avenue, Scarborough, ON, M1S 5E1  
 Tel: (416) 321 - 0909 - Fax: (416) 321-1995  
 www.islamicfoundation.ca - info@islamicfoundation.ca

## PRE-AUTHORIZED PAYMENT FORM

### PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### CREDIT CARD

I authorize Islamic Foundation of Toronto to debit my card with the amount \$ \_\_\_\_\_

VISA       MASTER CARD       AMEX

Card Holder's Name: \_\_\_\_\_

Credit Card No:

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

Card Holder's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

### PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

These services are for (check one) Personal Business

I authorize Islamic Foundation of Toronto to debit my bank account (attach void cheque) for the amount \$ \_\_\_\_\_

Financial Institution #: \_\_\_\_\_ Branch Transit Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Holder's Name: \_\_\_\_\_

Account Holder's Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

I may revoke my authorization at any time in writing or by phone, subject to providing notice of at least ten (10) business days.