

**Hope 4 Humanity Islamic Charity (Third Pillar)**

**7255 Darcel Ave, Mississauga ON, L4T2X4  
(416-898-6114)**

**Please complete the Pre-Authorized Debit (PAD) Plan agreement below.**

I/we authorize Hope 4 Humanity and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Hope 4 Humanity. Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 21st day of each month. Hope 4 Humanity will provide 10 days written notice of the amount of each regular debit. Hope 4 Humanity will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Hope 4 Humanity has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

Hope 4 Humanity may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

**PLEASE PRINT**

Name(s): \_\_\_\_\_

Type of Service: Personal \_\_\_ Business \_\_\_

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

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (Cell.) \_\_\_\_\_

Financial Institution (FI) Number (3 digits)\*: \_\_\_\_\_ FI Branch Number (5 digits)\*: \_\_\_\_\_

FI Account Number (7 – 12 digits)\*: \_\_\_\_\_

Start Date (yyyy/mm/dd) (allow 15 business days for processing): \_\_\_\_\_

Amount of Withdrawal (\$): \_\_\_\_\_

Authorized Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

**\* If you prefer not completing the Financial Institution (FI) Number, FI Branch Number, and FI Account Number, please send us a copy of your VOID cheque along with the form.**

**Please email us the signed PAD Plan agreement to [PAD@thirdpillar.ca](mailto:PAD@thirdpillar.ca).**

## **Donation Information**

To help us direct your monthly donations better please choose one of the following;

Please use my monthly donations towards: Administration Costs: \_\_\_ General Donations: \_\_\_\_\_

*Note: Once administrative costs are covered, the excess money will be rolled over to general donations.*