C A N A D A

slamic Research Centre of Canada Inc. مركز البحوث الإسلامية بكندا

(A Non-Profit Religious and Educational Organization)
1 Stamford Square North, Scarborough, ON M1L 1X4

Contact: (416) 238-9805 info@irccan.com www.irccan.com

## ASHAB-E BADR FUND صندوق أصحاب بدر

Donor Information (Please print clearly):		AR#
Name:(First Name)		
(First Name)	Middle Name if any)	(Last Name)
Mailing Address:		
City: P	rovince:	Postal Code:
Phone #:()(Home) ()(Cell)	E-mail Address:	
Payment Type: Cash Check C	redit Card	Amount \$
Bank Information: (Needed if VOID Cheque is not provided)	Credit Card Information:	
Bank Name:	Name as on Credit Card:	
Address:		
(No and Name of street)	Cardholder Address:(Apt.	. No) (No and Name of street)
(City) (Province) (Postal Code)	0.5502	
Institution Number (3 Digits):	(City)	(Province) (Postal Code)
institution Number (3 Digits).	Credit card#	A
Transit Number:	Suning Dates	Visa Mastercard Amex
Account Number:	expiry bate.	visa   Mastercard   Amex
Chequing Account Savings Account	Authorize Signature	
Pre-Authorized Debit (PAD) Details:		
You, the Payor, authorize IRCC to debit the bank account	identified above for \$	each time as donation.
You, the Payor, may revoke your authorization at any tim		
form, or for more information on your right to cancel a PAI	o Agreement, contact your fin	ancial institution of visit <u>www.cunpay.ca</u> .
Signature of the Account/Card Holder	Signature of	f Joint Account Holder (if applicable)
Name:	Name:	
(Please print)		(Please print)
Date:	Date:	

You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights, contact your financial institution or visit <a href="https://www.cdnpay.ca">www.cdnpay.ca</a>.