



PRE-AUTHORIZED PAYMENT

PRE-AUTHORIZED PAYMENT To: _____
(Branch | Chapter | Division | Head Office | Other)

For the pleasure of Allah Subhanahu wa Ta'ala, I/We hereby authorize and direct the BC Muslim Association to debit my/our account on a monthly basis at the financial institution which is identified on the attached voided specimen cheque in the amount as indicated below for the purpose of charitable donation.

I/We hereby direct the B.C. Muslim Association to:

- Establish a new P.A.P Account
- Change existing P.A.P Account information

Amount of deduction per month:

- \$100.00 (One Hundred dollars)
- \$ 50.00 (Fifty Dollars) or
- \$ _____ (other)

- Capital
- Operational
- _____

Pryor's name(s) as shown on the financial institution records:

FIRST NAME			MIDDLE		(LAST
ADDRESS			CITY	PROVINCE	POSTAL CODE
TELEPHONE			EMAIL ADDRESS		

I/We acknowledge that:

All persons whose signatures are required to sign on the account have signed this agreement

Payor Signature

Payor Signature

Payor Signature

Payor Signature

ATTACH "VOIDED" CHEQUE HERE

Process Date: _____ Client ID # _____

(Pre-authorized debit is processed on 1st of every month through BCMA Head Office and an official tax deductible receipt will be issued on December 31st, of each calendar year)

Members who donate through the pre-authorized payment plan get their membership renewed automatically each year with no additional cost. Should you require additional information, please do not hesitate to contact the Head Office at (604)270-2522 or email us at receipt@thebcma.com.