



DIRECT DEBIT FORM

First Name: _____ Last Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Phone Number: _____ Email: _____

I hereby authorize the Islamic Association of Saskatchewan (Saskatoon) Inc.
to withdraw from my account on the fifth day of each month,
the sum of \$_____ per month.

My bank information is (A cancelled/void cheque is enclosed)

Bank Name: _____

Branch: _____

Account Number: _____

This Authorization Can Be Cancelled Upon One Month Written Request.

Signature: _____ Date: _____