

FAIZ E MAWAID BURHANIYAH
EFT Debit Form 2012

DIRECT DEBIT AUTHORIZATION FORM

YOUR INFORMATION	BANK INFORMATION
Name:	Financial Institution/Bank Name:
Address:	Address:
City/Province/Postal Code	City/Province/Postal Code
Telephone:	Account Type: Checking / Saving
Email:	
Ejamaat ID No:	Account Number:
Date:	Routing Number:
I hereby authorized Anjumane Saifee(Edmonton)Trust on behalf of Faiz e Mawaid Burhaniyah to debit monthly amount from my account . Signature:	Monthly Amount to be debited: \$..... From Jan- Dec 2012

*** Please attached a voided check**

Void Cheque Attach Here

TERMS AND CONDITIONS

By signing this agreement you are authorizing Anjumane Saifee (Edmonton) Trust to transfer money (i.e. make debits) on behalf of Faiz e Mawaid Burhaniyah as indicated above from your financial institution/bank account to apply to Mawaid contribution for 2012. You may terminate the agreement at any time by notifying the Anjumane Saife Treasurer to stop auto-deduction. Auto-deduction will be done on the 1 of every month, unless notified to the person named & contact number given below. You will be responsible for any transaction or bank charges occurred for any reason or due to the not enough funds in your account.

*Please submit this form: The Treasurer, Anjumane Saifee (Edmonton) Trust on behalf of Faiz e Mawaid Burhaniyah. Mulla Zuher Karimjee N.K.D, M.K.D 15739-121 Street, Edmonton, Alberta. T5X 2S1.
Phone Res: 780-456-1485 Work: 780-414-6279 e-mail: yzkarimjee@gmail.com*