

ANJUMANE SAIFEE (EDMONTON) TRUST
MARKAZ FUND
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 Saiffee(Edmonton)Trust 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 Saiffee (Edmonton) Trust to transfer money (i.e. make debits) as indicated above from your financial institution/bank account to apply to your Markaz contribution for 2012. You may terminate the agreement at any time by notifying the Anjumane Saiffee Treasurer to stop auto-deduction. Auto-deduction will be done on the 2 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 Saiffee (Edmonton) Trust
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