



Anjuman-e-Saifee (Edmonton) Trust

A Trust administering & managing the affairs of the Dawoodi Bohra Jamaat of Edmonton

2014 DEBIT FORM

YOUR INFORMATION	BANKING INFORMATION
Name:	Name of Bank/ Financial Institution:
Address:	Address:
City/Province/Postal Code:	City/Province/Postal Code:
Telephone (Resi): Cell phone :	Account Number:
Email:	
ITS No (Ejamaat ID):	Account Type: Checking / Saving
Date:	Routing Number:
I hereby authorized Anjumane Saifee(Edmonton)Trust to debit monthly amount from my account . Signature:	Monthly Amount to be debited: \$..... : From Jan- Dec 2014

Please attach VOID cheque here

By signing this agreement you are authorizing Anjumane Saifee (Edmonton) Trust to transfer money (i.e. make debits) as indicated above from your financial institution/bank account to apply to your 2014 Sabil. You may terminate the agreement at any time by notifying the Anjumane Saifee Treasurer to stop auto-deduction. Auto-deduction will be done between the **1st and 6th of every month**, unless notified to the person named below. **You will be responsible for any transactions or bank charges occurred due to insufficient funds in your account or for any other reason.**

Please submit this form to: **The Treasurer, Anjumane Saifee (Edmonton) Trust**

Dr. M. Aziz Sk. Moiz Merchant 7935 – 91 Ave. Edmonton AB T6C 1P9