



Pre-Authorized Debits (PADs) Rule H1
Payor's PAD Agreement – Mandatory and Supplementary Elements

Rule H1
Appendix II
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Pre-authorized Debit (PAD) Agreement

Islamic Society Of Regina (ISR)
Cemetery Account

Date: _____

I want to support [Islamic Society Of Regina] through monthly donations.

Please debit my bank account: (attach VOID cheque)

_____ \$25 _____ \$50 _____ \$100 Other Amount _____ (specify)

The debit will be processed to your account on the 25th day of each month or the next business day.

Signature: _____

Donor Name: _____

Address/Contact Information: _____

Email: _____

Phone: _____

This donation is made on behalf of: _____ **an Individual** _____ **a Business**

I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca.

Islamic Society Of Regina
111 –5031 Sherwood Drive,
City Regina, SK, S4R 4C1
Tel: 306-209-3912
[E-mail: isr@isrregina.com](mailto:isr@isrregina.com)

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.