



Al-Madinah Calgary Islamic Assembly

Address: 4616 80 Ave NE, Calgary, AB T3J 4B7, Canada
Phone: 403-590-8200 (Ext. 4)
Email: gdschoolregistration@amcia.org
office.manager@amcia.org
info@amcia.org

Pre-Authorized Debit (PAD) Agreement

1. Payor's Information

Payor's Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

2. Payor's Financial Institution Information *(Please Print Clearly)*

Account:																Transit:											Inst.:						
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Financial Institution Name & Branch Address: _____

3. Pre-Authorized Debit Details

I/we authorize Al-Madinah Calgary Islamic Assembly (*the "Payee"*) to debit the bank account identified above for CA\$ _____ [*Exact Amount to Debit*] on the 1st or 2nd or the next business day of every _____ [*Frequency of Debit, e.g. month*] starting from _____ [*dd/mm/yyyy*]. I/we confirm that I/we have authority under the terms of my/our account agreement to authorize this debit.

Type of Service: Personal Business
Purpose: GDIS Alternative Program Fee Green Dome Daycare Centre Fee Donation to AMCIA

This authority is to remain in effect until Al-Madinah Calgary Islamic Assembly has received written notification of revocation from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address or email provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.payments.ca.

Signature of Account Holder

Signature of Joint Account Holder (if applicable)

Name (*please print*):

Name (*please print*):

Date:

Date:

Student Name (*First Child* *Sibling* *Staff's Child*):

Grade in 2026-2027 AY:

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

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