



**AL-AZHAR ACADEMY STUDENT ENROLLMENT**

I would like to enroll my son/daughter \_\_\_\_\_ in the Al-Azhar Academy

- 1) **Please debit my bank account in the amount of \$50.00** (attach void cheque) Fees will be withdrawn as selected (check one)

1.  Monthly starting 1<sup>st</sup> of \_\_\_\_\_ (MM/YY)

<b>Payors Name</b>	
<b>Address</b>	
<b>City/Prov</b>	
<b>Postal</b>	
<b>Phone Number</b>	
<b>Email Address</b>	

I hereby Authorize Canadian Islamic Union to debit from my bank account as specified above. I may revoke my authorization at any time, by providing email notification to Canadian Islamic Union at least 30 days prior to my next scheduled withdrawal. 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. For more information on my right to cancel a PAD Agreement or for more information on my recourse rights I can contact my financial institution. Particulars of the account the Payee is authorized to debit are indicated in the specimen cheque as attached below. I authorize the Payee, in accordance with the terms of my account agreement with my Financial Institution, to debit or cause to be debited the Account for the purposes indicated in this Agreement

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Date

**ATTACH VOID CHEQUE**

Send Completed Form to: Canadian Islamic Union  
3034 Palstan Rd Suite 100  
Mississauga, ON, L4Y 2Z6  
Attn: Operations Director

Ph: 1-800-799-7158  
Email: [admin@canadianislamicunion.ca](mailto:admin@canadianislamicunion.ca)  
[canadianislamicunion@gmail.com](mailto:canadianislamicunion@gmail.com)  
Web: [www.canadianislamicunion.ca](http://www.canadianislamicunion.ca)