

In the Name of Allah, Most Gracious, Most Merciful
The Islamic Association of Saskatchewan, Regina Inc.

3273 Montague Street, Regina, SK, S4S 1Z8
Phone: (306) 585-0090 E-mail: iaos@iaosregina.com

PRE-AUTHORIZED PAYMENT FORM

PLEASE FILL OUT THIS FORM TO AUTHORIZE DIRECT ELECTRONIC DEDUCTION OF MONTHLY MAINTENANCE AND YEARLY MEMBERSHIP FEES.

THE MONTHLY **MAINTENANCE FEE FOR EACH MONTH** WILL BE DEDUCTED ON THE **20TH OF THE PRECEDING MONTH.**

THE ANNUAL **MEMBERSHIP FEE** WILL BE DEDUCTED ON **SEPTEMBER 20TH EVERY YEAR.**

PAYMENTS CAN BE STOPPED AT ANY TIME BY WRITING TO THE IAOS.

PLEASE READ THE ENCLOSED TERMS AND CONDITIONS.

PLEASE ENCLOSE A CHEQUE MARKED "VOID".

MEMBERSHIP FEE & MAINTENANCE FEES:

- INDIVIDUAL MEMBERSHIP FEE \$15/YEAR **AND**
I AM WILLING TO CONTRIBUTE \$ _____ / MONTH AS MAINTENANCE FEE
(MINIMUM \$15/MONTH)
- FAMILY MEMBERSHIP FEE \$ 30/YEAR **AND**
I AM WILLING TO CONTRIBUTE \$ _____ / MONTH AS MAINTENANCE FEE
(MINIMUM \$30/MONTH)

PRE-AUTHORIZED PAYMENT AUTHORIZATION

PAYOR NAME: _____

ADDRESS: _____

CITY & PROVINCE: _____ PHONE NUMBER: _____

I AUTHORIZE THE ISLAMIC ASSOCIATION OF SASKATCHEWAN, REGINA INC. TO DEBIT MY ACCOUNT, IN ELECTRONIC OR OTHER FORM, FOR THE MONTHLY MAINTENANCE FEE ON THE 20TH OF EACH MONTH BEGINNING ON _____ AND AN ADDITIONAL AMOUNT FOR THE ANNUAL MEMBERSHIP FEE ON SEPTEMBER 20TH OF EVERY YEAR.

I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND ACCEPTED ALL THE PROVISIONS CONTAINED IN THE TERMS AND CONDITIONS OF THE PRE-AUTHORIZED PAYMENT AUTHORIZATION AND THAT I HAVE RECEIVED A COPY OF IT.

SIGNATURE OF PAYOR: _____ DATE: _____

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PRE-AUTHORIZED PAYMENT FORM

PRE-AUTHORIZED PAYMENT AUTHORIZATION - TERMS AND CONDITIONS

I(We) acknowledge that this Authorization is provided for the benefit of the Payee and (Processing Institution) and is provided in consideration of (Processing Institution) agreeing to process debits against my account in accordance with the Rules of the Canadian Payments Association.

I(We) warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

I(We) hereby authorize (Name of Payee) to draw on (Name of Payor) account number _____ with (Processing Institution), for the following purpose _____.

This authorization may be cancelled at any time upon notice by (Name of Payor). I(We) acknowledge that, in order to revoke this authorization, I(We) must provide notice of revocation to (Name of Payee).

I(We) acknowledge that provision and delivery of this authorization to (Name of Payee) constitutes delivery by (Name of Payor) to (Processing Institution). Any delivery of this authorization to you constitutes delivery by (Name of Payor).

The Payor and Payee agree to waive the pre-notification requirement set out in Section 11 of Appendix II of rule H1 of the Canadian Payments Association.

I(We) undertake to inform (Name of Payee), in writing, of any change in the account information provided in this authorization prior to the next due date of the PAD.

The account that (Name of Payee) is authorized to draw upon is indicated in the accompanying authorization. A specimen cheque for this account has been marked "VOID" and attached hereto.

I(We) acknowledge that (Processing Institution) is not required to verify that a PAD has been issued in accordance with the particulars of the Payor's Authorization including, but not limited to, the amount.

I(We) acknowledge that (Processing Institution) is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by (Name of Payee) as a condition to honouring a PAD issued or caused to be issued by (Name of Payee) on (Name of Payor) account.

Revocation of this authorization does not terminate any contract for goods or services that exists between (Name of Payor) and (Name of Payee). The Payor's Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.

A PAD may be disputed by a Payor under the following conditions:

- (1) the PAD was not drawn in accordance with the Payor's Authorization; or
- (2) the authorization was revoked; or
- (3) pre-notification was not received.

The Payor, in order to be reimbursed, acknowledges that a declaration to the effect that either (1), (2) or (3) took place, must be completed and presented to the branch of the Processing Institution holding the Payor's account up to and including 90 calendar days in the case of a personal/household PAD (or up to and including 10 business days in the case of a business PAD), after the date on which the PAD in dispute was posted to the Payor's account.

The Payor acknowledges that a claim on the basis that the Payor's Authorization was revoked, or any other reason, is a matter to be resolved solely between the Payee and the Payor when disputing any PAD after (90 calendar days in the case of a personal/household PAD or 10 business days in the case of a business PAD).

DEFINITIONS

Business PAD: Means a PAD (Pre-Authorized debit in paper, electronic or other form) drawn on the account of a Payor such as, but not limited to, a corporation, an organization, a trade, an association, a government entity, a profession, a venture or an enterprise, for the payment of goods and services related to commercial activities of the Payor.

Personal/Household PAD: Means a PAD drawn on the account of a Payor for payments such as, but not limited to, charitable donations, RESP and Spousal RRSP contributions, mortgage installments, utility bills, insurance premiums, membership fees, property taxes, credit card billings and payment for other consumer goods and services.