



# PRE-AUTHORIZED PAYMENT

- ICC
- ISOC
- FFSS

Last Name:		First Name:	
Address:			
City:		Province:	Postal Code:
Phone Number:		Email:	

I (we) authorize Islamic Centre of Cambridge/International School of Cambridge and its bank to process a debit, in paper, electronic or other form in the amount of \$ \_\_\_\_\_ from my (our) **account number as indicated below** on the  5th  of  each month , beginning on \_\_\_\_\_.  
yyyy/mm/dd

I (we) acknowledge that I (we) have read, understood and accepted all the provisions contained in the Terms and Conditions of the Pre-Authorized Payment Authorization that are given on the second page.

Signature of Payer(s)	Date:
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Void Cheque:

**FOR OFFICE USE ONLY:**

<input type="checkbox"/> ICC Donation	<input type="checkbox"/> ISOC Fees	<input type="checkbox"/> Evening Class	<input type="checkbox"/> FFSS	<input type="checkbox"/> Sunday School	<input type="checkbox"/> Other _____
AR Number:	Amount Entered:	Date:	Authorized Signature:		
Notes:					
<input type="checkbox"/> MODIFY	Modified by:		Modify Date:	Modified Amount:	
	Modified by:		Modify Date:	Modified Amount:	
<input type="checkbox"/> DELETE	Deleted by:		Delete Date:	Deleted Amount:	

## PRE-AUTHORIZED PAYMENT AUTHORIZATION - TERMS AND CONDITIONS

I (We) acknowledge that this Authorization is provided for the benefit of Islamic Center of Cambridge (ICC) or International School of Cambridge (ISOC) and my bank, Trust company or Credit union. It is provided in consideration of my (our) Bank, Trust company or Credit Union 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.

I (We) hereby authorize ICC/ ISOC to draw on my (our) current/checking/saving account with my (our) Bank, Trust company or Credit Union, for donations and/or School fees to the of Islamic Center of Cambridge (ICC) or International School of Cambridge (ISOC).

I (We) acknowledge that this agreement will take effect beginning in the month following the month in which it is signed.

This authorization may be cancelled at any time upon notice by me (us). I (We) acknowledge that, in order to revoke this authorization, I (We) must provide notice of revocation to ICC/ISOC before the 20<sup>th</sup> of the month.

I (We) acknowledge that provision and delivery of this authorization to ICC/ISOC constitutes delivery by me (us) to my (our) Bank, Trust company or Credit Union.

The Payer and Payee agree to waive the pre-notification requirement set out in Section 7 of Appendix II of rule H4 of the Canadian Payments Association.

I (We) undertake to inform ICC/ISOC, in writing, of any change in the account information provided in this authorization prior to the next due date of the automatic withdrawal of my (our) payment.

The account that I am (we are) 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 my (our) Bank, Trust company or Credit Union is not required to verify that a PAD has been issued in accordance with the particulars of the Payer's Authorization including, but not limited to, the amount.

I (We) acknowledge that my (our) Bank, Trust company or Credit Union is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by ICC/ISOC as a condition to honouring a PAD issued or caused to be issued by ICC/ISOC on my (our) account.

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

1. The PAD was not drawn in accordance with the Payer's Authorization; or
2. The authorization was revoked; or
3. Pre-notification was not received.

The Payer, 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 Payer's account upto and including 90 calendar days in the case of a personal household PAD (or upto and including 10 business days in the case of business PAD), after the date on which the PAD in dispute was posted to the Payer's account.

The Payer acknowledges that a claim on the basis that the Payer's Authorization was revoked, or any other reason, is a matter to be resolved solely between the Payee and the Payer 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 Payer:** Means a PAD (Pre-Authorized Debit in paper, electronic or other form) drawn on the account of a Payer such as a corporation, an organization, a trade, an association, a profession, a venture or an enterprise.

**Personal Household PAD:** Means a PAD drawn on the account of a Payer for payments such as, but not limited to donations, membership fees, contributions, utility bills, insurance premiums, and payment for goods and services.

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