

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

In the name of God, Most Gracious, Most Merciful

Reflections on Islam

TV & radio Programs

P.O. Box 763 Don Mills Station

Toronto, Ontario M3C 4G5

Phone Number: (416) 260-7544

Fax Number: (416) 260-0417

PRE-AUTHORIZED MONTHLY DONATION

EFFECTIVE FROM DAYMONTH.....YEAR.....

I hereby authorize and request Reflections on Islam TV program and/or its Bank to draw and issue cheques monthly as a donation to support the cause of God in the amount of \$..... (.....) *

Name:.....

Address:.....

.....Postal Code.....

Telephone Number: Area Code (.....)

Name of Bank:.....

Branch Address:.....

Account Number:.....

Any delivery of this request to the bank will constitute delivery by me. I/we have the right to terminate this PAD agreement at any time upon a written notice from me. I may also terminate this PAD Agreement at my Bank, or send a Cancellation form which I can obtain from my Bank, or by visiting www.cdnpay.ca.

* I/we have the right to receive reimbursement of any debit that is not authorized or if it is not consistent with this PAD agreement.

To obtain more information on my/our recourse rights, I/we may contact my/our Financial institution, or visit www.cdnpay.ca.

Date:

.....

Signature as on Signature-Card at Bank

Please Attach a Void Cheque