



"In the Name of Allah, The Most Beneficent, The Most Merciful"
THE ISLAMIC ASSOCIATION OF SASKATCHEWAN, MOOSE JAW INC.

c/o Dr. Fauzi Ramadan
Unit 1, 58 Highland, SK, S6J 1M4 Moose Jaw
Phone: (306) 631-2567

Direct Debit Form

Applicant Name (First & Last): _____

Address: _____ City/
Town: _____

Province: _____ Postal
Code: _____

Phone # _____ Cell # _____

Email: _____

I hereby authorize The Islamic Association of Saskatchewan, Moose jaw Inc. to withdraw from my account on the **fifth day** of each month, the sum of \$ per month.

My Bank Information:

(A Cancelled / **Void Cheque** is enclosed)

Bank
Name: _____

Branch: _____

Account Number: _____

This authorization can be cancelled upon one month of written request.

Signature: _____ Date: _____

IAOS - Moose Jaw Official:

_____ Date: _____