



Recurring Payment Authorization Form
2014-2015

Date:

I _____ authorize the London Muslim Mosque to debit my bank account
(attach VOID cheque if not on file, or if bank information has changed) for my children's tuition fees.

Signature:

The donation portion of the tuition is made on behalf of:

Name(if different from above)

Email Address:

Phone Number:

Mailing Address:

- Would you like to pay the one-time book fees using this account to be automatically withdrawn at the beginning of the school year? YES NO

To help LIS remain accessible and affordable to the unprivileged members of our Muslim community I would like to make an additional monthly donation of:

\$100/month \$80/month \$60/month \$25/month Other: \$ ____/month

Use my bank account for the monthly donations, OR

Use the credit card information below for the monthly donations

I may revoke my authorization for this donation at any time, subject to providing written notice of 15 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca

London Muslim Mosque

151 Oxford Street W.
London, ON Canada
N6H 1S1

Phone: 519-439-9451

I have certain recourse rights if any debit does not comply with this agreement. For example, I the signer above have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse, I may contact my financial institution or visit www.cdnpay.ca

Credit Card Info (STRICTLY for donations and fees other than Tuition Fees)

Your Credit Card information will be electronically and securely stored using a special Customer Management system provided to us by our online CC Merchant provider. This portion of the application will be destroyed once the data is secured on the system.

Credit Card information to be kept on file strictly as an option to pay for Lunches and Field Trips, etc.. but NOT for TUITION

Visa MasterCard Amex

Cardholder Name _____

Account Number _____

Exp. Date _____

CVV _____ (3 digit number on back of card or 4 digit in the front for Amex)