



QASR-E-ZAINAB^{SA} FOUNDATION

Website: www.qasrezainab.com

MEMBERSHIP FORM

Date of Joining:

Monthly Membership: \$50 \$75 \$100 \$_____

PERSONAL INFORMATION

First Name Last Name
Address
City Postal Code
Phone No. Email

PAYMENT METHOD

DIRECT DEPOSIT (Bank Details)

Institute No. Transit No. Account No.

EMAIL TRANSFER to qasrezainabfoundation@gmail.com

CHEQUE in favor of Qasr-e-Zainab Foundation CASH

I authorize Qasr-e-Zainab Foundation to charge my credit card or debit my bank account as per my instructions above. I guarantee and warrant that I am legally authorized to use this credit card/bank account and legally authorized to enter into this recurring payment, PAD and/or one-time payment agreement with Qasr-e-Zainab Foundation.

This authorization shall remain in effect until Qasr-e-Zainab Foundation has received written notification from me of its change or termination. This notification must be received at least 15 business days before the next debit is scheduled at the Qasr-e-Zainab Foundation address provided below. I may receive a sample cancellation form, or more information on my right to cancel a PAD Agreement at my financial institution or by visiting www.cdnpay.ca.

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

MANAGEMENT PURPOSE USE

Member's Signature

Membership No.

Comments

Management Date