



The Muslim Association  
Of Brantford

# Pledge/Membership Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

I authorize The Muslim Association of Brantford to process monthly debit of Dollars \_\_\_\_\_  
from my account. Starting Month: \_\_\_\_\_ on **10<sup>th</sup>** OR **22<sup>nd</sup>** of every month.

### Consent for MAB membership:

Please check the box if you do not like to become member of MAB :

If you would like to become MAB member, please review and fill-in the table and the next section, In case if additional family members living at the same address will like to be part of MAB, please complete the following table and provide the copy of government issued photo ID of family members

### Additional Family Members:

First Name	Last Name	Email	Phone	Gender	Age	ID



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**Please Read and agree by selecting the box against each statement.**

- I give solemn undertaking to abide by the by-laws, aims and objectives and code of conduct of the MAB.
- I have no criminal record .
- I hereby declare that I am a Muslim who bear witness that Allah is One and Prophet Mohammed (Peace be upon Him) is the last prophet.
- Work with elected MAB board to promote the aims and objectives of MAB.

I acknowledge that I have read, understand, and accepted all the provisions contained in the terms and conditions of the Pre-Authorized payment authorization.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Note:

- Please attach a void cheque with the pledge form and mail the signed form and void cheque to Brantford Mosque 192 Greenwich Street, Brantford, ON, Canada, N3S 2X6. Or email to. [info@brantfordmosque.ca](mailto:info@brantfordmosque.ca)
- The Membership application will be subject to review and approval of MAB Membership Administrator. If any issues or concern will update you within 60 days.



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## PRE AUTHORIZED PAYMENT AUTHORIZATION. TERMS AND CONDITIONS

I(We) acknowledge that this Authorization is provided for the benefit of the Payee and TD and is provided in consideration of TD 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 below.

I(We) here by authorize Muslim Association of Brantford to draw on account number \_\_\_\_\_ with TD for Brantford Mosque Monthly Donation.

This authorization may be cancelled at any time upon notice by Payer. I (We) acknowledge that, in order to revoke this authorization, I (We) must provide notice of revocation to Muslim Association of Brantford.

I(We) acknowledge that provision and delivery of this authorization to Muslim Association of Brantford constitutes delivery by Payer to TD Any delivery of this authorization to you constitutes delivery by the Payer.

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

I (We) undertake to inform Muslim Association of Brantford, in writing, of any change in the account information provided in this authorization prior to the next due date of the PAD.

The account that Muslim Association of Brantford is 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 TD 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 TD is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by Muslim Association of Brantford as a condition to honoring a PAD issued or caused to be issued by Muslim Association of Brantford on Payer account.

Revocation of this authorization does not terminate any contract for goods or services that exists between Payer and Muslim Association of Brantford. The Payer's Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.

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 up to and including 90 calendar days in the case of a personal house hold PAD (or up to and including 10 business days in the case of a 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).