



In the name of Allah, the Most Gracious, the Most Merciful

# The B.C. Muslim Association

جمعية مسلمي برنتش كولومبيا - كندا

PRE-AUTHORIZED PAYMENT \_\_\_\_\_  Branch/Chapter  Head Office

### Established

5 Sha'ban, 1386  
November 17, 1966

### Head Office

12300 Blundell Road  
Richmond,  
British Columbia  
V6W 1B3  
Canada

### Mailing Address

P. O. Box 60170  
Fraser Postal Outlet  
Vancouver,  
British Columbia  
V5W 4B5  
Canada

### Telephone

604 270-2522

### Infoline

604 270-1967

### Facsimile

604 244-9750

### Website

www.thebcma.com

### Email

Info@thebcma.com

### Branches

Abbotsford  
Burnaby  
Coquitlam  
Kelowna  
Nanaimo  
Prince George  
Richmond  
Surrey / Delta  
Surrey / East  
Vancouver  
Victoria

### Chapters

Womens  
Youth  
Sports

For the pleasure of Allah Subhanahu wa Ta'ala, I/We hereby authorize and direct the BC Muslim Association to debit my/our account on a monthly basis at the financial institution which is identified on the attached voided specimen cheque in the amount as indicated below for the purpose of charitable donation.

I/We hereby direct the B.C. Muslim Association to:

- Establish a new P.A.P Account
- Change existing P.A.P Account information

**Amount of deduction per month:**

- \$100.00 (One Hundred dollars)
- \$ 50.00 (Fifty Dollars) , or
- \$ \_\_\_\_\_ (other)

- Capital
- Operational
- I hereby authorize the BCMA to deduct my Annual **membership fee** from PAP contribution

Payor's Name(s) as shown on the Financial institution records:

|                       |             |                       |                    |
|-----------------------|-------------|-----------------------|--------------------|
| <i>(Please Print)</i> |             | <i>(Please Print)</i> |                    |
| <i>Address</i>        | <i>City</i> | <i>Province</i>       | <i>Postal Code</i> |
| (            )        |             |                       |                    |
| <i>Phone Number</i>   |             | <i>Email Address</i>  |                    |

I/We acknowledge that:

All persons whose signatures are required to sign on the account have signed this agreement

|                 |                 |
|-----------------|-----------------|
| Payor Signature | Payor Signature |
| Payor Signature | Payor Signature |

ATTACH "VOIDED" CHEQUE HERE

Process date: \_\_\_\_\_ Client ID # \_\_\_\_\_

(Pre-authorized debit is processed on 1<sup>st</sup> of every month through BCMA Head Office and a tax deductible receipt will be issued on December 31<sup>st</sup>, of each calendar year)

Should you require additional information, please do not hesitate to contact the Head Office at (604)270-2522 or via email [bcma@shawcable.com](mailto:bcma@shawcable.com)