

Ahmadiyya Muslim Jama'at  
Department of Finance

Pre-Authorized Payment Application

|                       |                                                                                                                               |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Personal Information: |                                                                                                                               |
| Member Code:          | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Name:                 | <input type="text"/>                                                                                                          |
| Address:              | <input type="text"/>                                                                                                          |
| Province:             | Postal Code:                                                                                                                  |
| Branch:               | <input type="checkbox"/> Check box if this is a change of address                                                             |

|                      |                                   |
|----------------------|-----------------------------------|
| Payment Information: |                                   |
| Payment Amount:      | \$ <input type="text"/>           |
| Amount in words:     | <input type="text"/>              |
| Payment Start Date:  | <input type="text"/> (YYYY-MM-DD) |

| Payment Distribution:                                |                         |
|------------------------------------------------------|-------------------------|
| Donation Type                                        | Amount                  |
| <input type="text"/>                                 | \$ <input type="text"/> |
| <input type="text"/>                                 | \$ <input type="text"/> |
| <input type="text"/>                                 | \$ <input type="text"/> |
| <input type="text"/>                                 | \$ <input type="text"/> |
| <input type="text"/>                                 | \$ <input type="text"/> |
| <input type="text"/>                                 | \$ <input type="text"/> |
| <input type="text"/>                                 | \$ <input type="text"/> |
| <b>Total:</b> (must be same as payment amount above) | \$ <input type="text"/> |

|                           |                        |                    |
|---------------------------|------------------------|--------------------|
| President's Verification: |                        |                    |
| <input type="text"/>      |                        |                    |
| President's Name:         | President's Signature: | Date: (YYYY-MM-DD) |

**IMPORTANT: This form must be accompanied with a "VOID" cheque.  
Please fill this form and send it to [accounts@amjinc.ca](mailto:accounts@amjinc.ca)**