

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: <input type="text"/>
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"/>
Total: (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