

Ahmadiyya Muslim Jama'at  
Department of Finance

Pre-Authorized Payment Application

Personal Information:							
Member Code:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
Name:	<hr/>						
Address:	<hr/>						
Province:	Postal Code:						
<input type="checkbox"/> Check box if this is a change of address							
Branch:							

Payment Information:	
Payment Amount:	\$ <hr/>
Amount in words:	<hr/>
Payment Start Date:	YYYY / MM / 03

Payment Distribution:	
Donation Type	Amount
Aam	\$ <hr/>
Wasiyyat	\$ <hr/>
Jalsa Salana	\$ <hr/>
	\$ <hr/>
	\$ <hr/>
	\$ <hr/>
<b>Total:</b> (must be same as payment amount above)	\$ <hr/>

President's Verification:		
President's Name:	President's Signature:	Date:

**IMPORTANT: This form must be accompanied with a "VOID" cheque.**