

Direct Withdrawal Form

Account Holder Information

| | |
|------------|--|
| Last Name | |
| First Name | |
| Address | |
| Telephone | |

Reference:

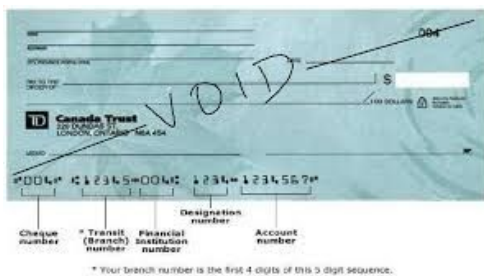
| | |
|--------------|--|
| Child's Name | |
|--------------|--|

Account Information

| | |
|--------------------|--|
| Bank Name | |
| Transit Number | |
| Institution Number | |
| Account Number | |

or

Provide a "void" cheque along with this form.



The Islamic Center of Quebec will withdraw the student fees directly from the account above on a monthly basis. I give the Islamic Center of Quebec permission to withdraw the fees directly from my account. I understand that I have the right to cancel this agreement at any time by providing a written notice 60 days before the intended cancellation date (For example: if I want to cancel payments from November 1, I need to send a written notice to ICQ on September 1st of that year).

Signature:
