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Mandatory Automatic Fee Withdrawal Form Please complete this form to have monthly fees automatically withdrawn from your account. Please return this form with a void cheque in person at **Al Huda Elementary School** location. Application ID: _____ Start Date: September 2019 End Date: May 2020 **Student Name** Grade **Monthly Fee Total Fees: Payee Information:** First Name: _____ Last Name: _____ City: _____ Province: _____ Postal Code: _____
Tel: ____ Cell: ____
Email: Email: Complete the authorization form: I (we), _____ (name) authorize Al Huda Islamic Center of Canada to process a debit, in paper, electronic, or other form in the fixed amount of \$ on my (our) account on or after the 1st /3rd /5th /8th /10th (circle one) day of each month beginning September 2019 and ending May 2020. Please attach a personal blank cheque, marked VOID along with this form. We recommend that you retain a copy of this form for your records. Any charges incurred by Al Huda Islamic Center of Canada due to insufficient funds at the time of withdrawal and/or other fees charged related to the automatic withdrawal of funds for the purpose of fee payment are the sole responsibility of the payee and will be passed on as such. Signature: _____ Date: _____