## AUTHORIZATION TO DEBIT AN ACCOUNT UNDER THE PRE-AUTHORIZED PAYMENT PLAN

The undersigned authorizes CANCER EDUCATION RESEARCH FOUNDATION

(CERF) (hereinafter called the "Payee") to issue on his/her behalf any cheque, payment order or request drawn on the financial institution named below to the order of the Payee, in payment of the amounts

Cancer Education Research Foundation

owing to the Payee under the terms of the present agreement and future contracts between the Payee and the undersigned.

Type of Service:	Business Pers	sonal		
Type of Donation:	Zakaat	eral Donation	Sadaqah	
Project:				
Financial Institution Na	me:			
Address:				
City:		Province:	Postal Code: _	
Transit:				USE BOXES YOU NEED
The above-named institut and drawn on said account ransaction is	nt by a bank acting in Any re e undersigned. For the ayment order drawn of an one person, the sire oked at any time by we ys. To obtain a sample contact your financial recourse rights if any ceive reimbursement on more information or	the name of the P quest thus drawn k e purposes of this a n an institution oth ngular shall be inter itten notification to e cancellation form Il institution or visit debit does not con	ayee. The amount author by the Payee's bank shall authorization, the word "over than a bank. Furthern refered as a plural where the Payee at the address, or for more information www.cdnpay.ca. You [or mply with this agreement is not authorized or is not	rized by this Monthly be considered as cheque" shall be nore if this authoriza ver it occurs. This is below, subject to on your right to I/We depending on to consistent with this
Name:		_ Address:		
City:		Province:	Postal Code: _	
Phone:		Email:		
Signature:			Date:	

**NOTE:** Please attach a sample of a cheque marked "VOID" from the above-mentioned institution. If the account requires two signatures, then the present authorization should be signed by the same two officers.