Al HUDA INSTITUTE CANADA

5671 McAdam Road, Mississauga ON L4Z 1N9

Automatic Fee Withdrawal Form

Please follow the steps below and complete this form to have monthly fees automatically withdrawn from your account.

Student Name	Course Name	Monthly Fee
	Total Fees:	

Start Date **End Date**

Payee Information

First Name: Last Name:

Street Address:

City: Province: Postal Code:

Tel: Cell: Email:

Complete the authorization form

I (we), _____ (name) authorize Al Huda Institute to process a debit, in paper, electronic, or other form in the fixed amount of $ _____ on my (our) account on the _____ (day) of each month beginning _____ and ending _____.

In addition to this form, please attach a personal blank cheque, marked VOID

We recommend that you retain a copy of this form for your records. Any charges incurred by Al Huda Institute due to insufficient funds at the time of withdrawal and/or other fees charged related to the automatic withdrawal of funds for the purposes of fee payment are the sole responsibility of the payee and will be passed on as such.

Signature	Date