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## Pre-Authorized Debit (PAD) Agreement

We will complete your request within 10 business days of receiving your completed and signed form. Once your Pre-Authorized Debit (PAD) is active, your payment will be withdrawn according to the terms indicated below. Check one of the following options:

 **New PAD Request**

☐ Update Existing PAD

**1. Al-Ittihad Account Number: AL-**    (Leave blank if you are a new member)

## 2. Account Holder(s) Information

Name of the Bank Account Holder

Name of the Bank Account Holder

Address

Address

Phone Number

Phone Number

### 3. Bank Account Information

Transit Number

Financial Institution Number (Bank ID)

Account Number

The diagram illustrates a 4-bit parallel adder circuit. It consists of four 1-bit full adders (74181) connected in parallel. The inputs are labeled A, B, and C. The outputs are labeled S (Sum) and C (Carry). The circuit is shown with a breadboard layout and a logic diagram.

**IMPORTANT :**

You must include a "VOID" cheque.  
Your PAD request cannot be  
processed without it.

#### 4. Authorization to Debit the Bank Account

I acknowledge having read the conditions herein and agree to them. I authorize Al-Ittihad Investment to make withdrawals from my bank account according to my choice below and according to the following terms:

**Amount of the Debit:** \$ **As of / From:**

**Withdrawal frequency:**

☐ One-Time (Only Once)

☒ Monthly.    Every: ☐ 1<sup>st</sup> Day

15<sup>th</sup> Day

○ 28<sup>th</sup> Day

☐ Fortnightly (Every Two Weeks)

Weekly

## 5. Terms of the Agreement

I authorize Al-Itihad Investment to make one or more withdrawals from my bank account designated above and according to the terms and conditions provided for in this request. This authorization will remain in effect until the cooperative has received notice of modification or cancellation from us. You can obtain additional information on your right to cancel from your financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

You have recourse if any withdrawal does not comply with this agreement. For example, you have the right to receive a refund for any withdrawal that is not authorized or is not consistent with this PAP agreement. For more information on your right to contest, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

I agree that the information contained in my application to join the direct withdrawal are communicated to the financial institution to the extent that disclosure is directly related and necessary for the proper implementation of the rules on rates preauthorized.

## 6. Signature(s)

Signature Account Holder

Date (yyyy-mm-dd)

Signature of joint Account Holder

Date (yyyy-mm-dd)

## 7. Transmission - By mail, email or at the office

To process your debit authorization, be sure to submit the following documents to us: this signed form and a sample check with the mention: "VOID". For email transmission, please send these documents to [paiement@alittihad.ca](mailto:paiement@alittihad.ca)