



Safa & Marwa Islamic School مدرسة الصفا والمروة الإسلامية

Direct Deposit Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled in writing. **Please attach a sample cheque Marked "VOID".**

Direct Deposit Information		
Financial Institution Name:		
Institution Number:	Branch (Transit) Number:	Account Number
Type of Account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Saving <input type="checkbox"/> Other
Branch Address:		
City:	Province:	Postal Code:
Applicant Name:		
Address:		
City:	Province:	Postal code:
Amount: \$	Date of Charges First: August 2025	Date of Charges Last: May 2026

I, _____ will agree to pay my child(ren)'s Monthly Tuition Fees by direct deposit from **August 2025 to May 2026**. I authorize Safa & Marwa Islamic School to withdraw directly from my bank account the above amount above on the 1st of each month.

I certify that I am the authorized holder and signer of the direct deposit reference above. I certify that all information above is complete and accurate.

I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field during the time period of "DATES OF CHARGES" referenced above. If additional charges are going to be authorized, a new form will have to be completed.

Parent/Guardian Signature: _____ Date: _____