



DEBIT ORDER MANDATE

A. Authority

Given by (<i>name of Account Holder</i>)			
ID Number			
Physical Address			
Postal Address			
Contact telephone number		Cell	
Email Address			

Bank			
Branch and Code			
Account Number			
Type of Account (tick)	Current (cheque)	Savings	Transmission
Amount			
Date of Monthly Debit			
To (<i>name of beneficiary</i>)	Madrassah Ashraful Uloom		
Type of Donation: Zakaat, Lillah, Sadaqah, Waqf			
Donation receipt required (<i>tick</i>)	<input type="checkbox"/> Non	<input type="checkbox"/> Receipt	<input type="checkbox"/> Section 18A Certificate

This signed Authority and Mandate refers to our contract dated _____ (“the Agreement”).

I/We hereby authorise **Madrassah Ashraful Uloom** to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on _____ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above. The individual payment instructions so authorised is to be debited monthly.

B. Mandate

I/We acknowledge that all payment instructions issued by you shall be treated by my/our abovementioned Bank as if the instructions have been issued by me/us personally.

Signed at _____ on this _____ day of _____

Signature _____

Full names: _____

Kindly email completed to finance@ashrafulaid.org or fax 0865676589