

The Quran Academy

School of Hifz and Islamic Studies

3024 Cedarglen Gate, Gulistan Road, Mississauga, ON L5C 4S3
Phone: (416) 400 9988

Payment Method Form

Student & Parent/Guardian/Sponsor Information

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-------------|--|--|--|--|--|--|----------|--|-----------------------|--|--|--------------|------|--|---------------------------|--|---------|--|--------|--|--|
| Student(s) Name | | | | | | | | | | | | | | | | | | | | | | | | |
| Program(s) Name | | | | | | | | | | | | | | | | | | | | | | | | |
| Any Other Services Provided by the School | | | | | | | | | | | | Student Starting Date | | | | Fees | | Paid Full | | Monthly | | Weekly | | |
| | | | | | | | | | | | | d d - m m - y y y y | | | | \$ | | | | | | | | |
| Parent/Guardian/Sponsor Name | | | | | | | | | | | | | | | | | | Relationship with Student | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| Street # | | | Street Name | | | | | | | | | | | | | | | | | | | Apt. # | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| Town/City | | | | | | | | | | Province | | Postal Code | | | Home Phone # | | | Cell # | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |

Select One of the Following Payment Method

Option #1: Automatic Bank Withdrawal (Please, attach Voided Cheque)

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---------------------|--|--|--|--|--|--|--|--------------------|--|--|---------------|------------------|--|----------------|--|--|--|--|--|--|--|--|
| Option #1 | | Account Holder Name | | | | | | | | | | | | | | | | | | | | | | |
| Y <input type="checkbox"/> N <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank Name | | | | | | | | | | Institution Number | | | Branch Number | | | Account Number | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank Address | | | | | | | | | | | | | | Transaction Date | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |

Option #2: Pre-Authorized Credit Card Payment

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|-------------------------|--|--|--|--|--|--|--|-------------|--|------|--------|------------------|--|--|--|--|--|--|--|--|--|--|
| Option #2 | | Credit Card Holder Name | | | | | | | | | | | | | | | | | | | | | | |
| Y <input type="checkbox"/> N <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Credit Card Number | | | | | | | | | | Expiry Date | | VISA | Master | Transaction Date | | | | | | | | | | |
| - - - - - | | | | | | | | | | m m - y y | | | | | | | | | | | | | | |

Option #3: Postdated Cheques (Please, attach Signed Cheques payable to "The Quran Academy")

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------|--|---------------------|--|--|--|--|--|--|
| Option #3 | | Payer Name | | | | | | | | | | | | | | # of Cheques | | Last Cheque Date | | | | | | |
| Y <input type="checkbox"/> N <input type="checkbox"/> | | | | | | | | | | | | | | | | | | d d - m m - y y y y | | | | | | |

Authorized Signatures

| | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------|--|--|--|--|
| Authorized Signature as Shown on Account | | | | | | | | | | Joined Account or Other Authorized Signature | | | | | | | | | | Date | | | | |
| | | | | | | | | | | | | | | | | | | | | d d - m m - y y y y | | | | |