



Direct Deposit Form Pre-Authorized Debit (PAD)

Donor's Information	
Today's Date	
First Name	
Last Name	
Address	
City, Post Code	
Phone	
Email	

Banking Information	
Financial Institution Bank Name	
Routing Number	
Account Number	

Authorization

I (name) _____ authorize
A monthly deposit of \$ _____ until _____
From my checking/ savings account to the account of:

Abraar Foundation
TD Bank
Transit Number 90800
Institution Number: 004
Account number: 5265283

Signature: _____

Copy of a voided check below or a savings account deposit slip