



BANK WITHDRAWAL FORM HAMILTON DOWNTOWN MOSQUE SIGN UP \$20 (PER MONTH)

YOUR NAME: _____

EMAIL: _____

CELL NUMBER: _____ PHONE NUMBER: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

NAME IN THE ACCOUNT: _____

INSTITUTE NUMBER

TRANSIT NUMBER

ACCOUNT NUMBER

COMPLETED FORM PLEASE SEND TO

Mahsum Chowdhury

Accountant

Hamilton Downtown Mosque
221 York Boulevard
Hamilton, ON L8R 1Y6
Tel: 905-745-4796
Fax: 1866-334-7235
finance@downtownmosque.com

- Ok as is
- Ok with changes
- Another proof required

I acknowledge the above terms and conditions and hereby approve this proof by signing below.

Name: _____ Date: July 14, 2021 12:23 PM

Title: _____ Signature: _____