



Funeral Aid Society of Peel

Pre- Authorized Payment Agreement of Funeral Aid Society of Peel

I authorized to Funeral Aid Society of Peel can deduct membership and reimbursed share amount \$_____ from my bank account automatically. I have attached a void check or completed the information below.

Bank A/c No. _____ Institution No. _____ Branch Code _____

Bank Name & Address: _____

The debit will be processed to your account on the _____ day of _____ or the next business day.

This donation is made on behalf of An Individual A Business.

I may revoke my authorization at any time, subject to providing notice of 30 days. Or for more information on your right to cancel a PAD Agreement, contact you financial institution or visit www.cdnpay.ca

I have certain recourse rights if any debit does not comply with this agreement For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca

I agree to pay registration fee and also reimbursed share of funeral cost which will be divided equally to all members. If I fail to pay my funeral cast share FASP has right to revoke my membership or I may not be eligible for the services

I will be responsible to inform the society if there are any changes in my address, contact number, and status of an additional applicant.

Funeral service will be provided only if death occurs in the reach of Jame Makki Masjid Brampton or ISNA Mississauga.

Note: All service will be provided only by Jame Makki Masjid Brampton & ISNA Mississauga.

For membership fee write a cheque and attach a void cheque for reimburse share payable to **Funeral Aid Society of Peel** 1817 - 83 Kennedy road south Brampton ON L6W 3G1

Name & Signature: _____

Date: _____

My Will and Testament

I _____ Resident of _____
_____ iS writing my will on dated _____

I Revoke all former wills, Codicils or other Testamentary Dispositions by me at any time and declare this to contain my Last Will and Testament.

I appoint my wife / _____ Resident
Of _____ In

Case my said executor refuse to act, predecease me, or die within a period of 30 days following my death,

Then I Appoint, Mr./Mrs. _____ Resident of _____

_____ Will be act as an executor of my Will and Testament.

I Direct all my just debts and testamentary expenses to be paid and satisfied by my executor as soon as possible after my death.

I give the following powers to my executor.

- 1 I authorize my executor to do all necessary arrangements to carry out my wishes as set forth according to my will and absolute power to make final decisions, settle disputes, sell assets or distribute in kind and establish values.
- 2 I distribute my assets such as:
To my wife _____ %
Or I leave all of my estate to do with as she sees fit.
If she predeceases me, or dies within a period of 30 days following my death, my entire asset needs to be equally distributed among my _____ son, and _____ daughters.

Names of Beneficiary

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

I appoint my wife _____ as Guardian of my minor children, But if she refuse to act, predecease me or die within a period of 30 days following my death,

Then I appoint Mr. /Mrs. _____ as Guardian of my minor children's

Witness Name _____ Signature & Date _____

Address _____

Witness Name _____ Signature & Date _____

Address _____