

“giving a hope and a future”



Pre-authorized Debit (PAD) Agreement

I want to support Life4Kids Canada through monthly donations.

Please debit my bank account: (attach VOID cheque)

\$25 \$50 \$100 Other Amount \$ _____ (specify)

(The debit will be processed to your account on the 15th day of each month or the next business day.)

Donor Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone #: _____ Email: _____

This donation is made on behalf of:

an Individual

a Business/Organization

I may revoke my authorization at any time, subject to providing notice of 30 days.

To obtain a cancellation form, or for more information on my right to cancel a PAD Agreement, I can contact my 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 my recourse rights, I may contact my financial institution or visit www.cdnpay.ca

Signature: _____ Date: _____

Life4Kids Canada

Email: life4kidsnewsletter@gmail.com

www.life4kids.org