



# Pre-Authorized Debit (PAD) Agreement

*I want to support the ministry of Global Disciples Canada through monthly donations*

## 1. Donor Information

Name:

Mailing Address:

City/Town:

Province:

Postal Code:

Phone:

Email:

## 2. Donation Information

I hereby authorize Global Disciples Canada to debit \$ \_\_\_\_\_ /month from my bank account on the 15<sup>th</sup> of each month or the next business day.

This donation is made on behalf of:    an individual    a business

*I may revoke my authorization by providing the date to cancel, in writing, 30 days prior to withdrawal date. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).*

## 3. Bank Account Information

I've attached a VOID cheque

or

Please use the following banking information:

Account #

Branch Transit #

Financial Institution #

Financial Institution: Name:

Address:

## 4. Signature

*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](http://www.cdnpay.ca).*

Signature:

Date:

### **Please mail or email to:**

Global Disciples Canada,

Box 16038 Sumas Mountain PO, Abbotsford, BC V3G 0C6, Toll-free: 866-508-1441

Email: [info@globaldisciples.ca](mailto:info@globaldisciples.ca), Web: [www.globaldisciples.ca](http://www.globaldisciples.ca)