



Guelph & Area Right to Life Pre-Authorized Debit (PAD) Agreement

I would like to support Guelph & Area Right to Life through monthly donations.

Please debit my bank account:

\$30 **\$50** **\$100** **Other Amount** _____ (specify)

The debit will be processed to your account on the 18th day of each month or the next business day.

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

DONOR INFORMATION (please print clearly)

Name: _____

Mailing Address: _____ City: _____ Postal Code: _____

Telephone Number: _____

BANK ACCOUNT INFORMATION

Please attach a void cheque **or** fill in the following information.

Account Number:

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Branch Transit Number:

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 Financial Institution Number:

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Financial Institution: Name: _____

Branch Address: _____

You, the Payor, may revoke your authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, you may contact your financial institution or visit www.cdnpay.ca.

You have certain recourse rights if any debit does not comply with this agreement. For example, you 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.

Signature: _____

Date: _____

When this form is complete, please mail or fax to:

Guelph & Area Right to Life
26 Norfolk St.
Guelph, ON N1H 4H8
Tel: 519-836-6311 Fax: 519-836-2716
E-mail: facts@guelphforlife.com