



Pre-authorized Debit (PAD) Agreement

Date: _____

I would like to support Elevation through monthly donations.

Please debit my bank account: (attach VOID cheque)

Amount: General Fund \$ _____ Refugee Sponsorship Fund \$ _____

The debit will be processed to your account on the 16th day of each month or the next business day.

Signature: _____

Donor Name: _____

Address/Contact Information: _____

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. 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.

Elevation
22 Willow Street
Waterloo, ON, N2J 1V5
Tel: 1-519-886-5586
E-mail: info@elevationwaterloo.org

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