

Pre-authorized Debit (PAD) Agreement

WEC International **Date:** _____

I want to support the ministry of _____ through monthly donations.

Please debit my bank account, or credit card: (attach VOID cheque for bank account withdrawal)

Amount: _____

Please specify withdrawal date:

[] 1st of the month withdrawal beginning (month/year) _____/_____

[] 15th of the month withdrawal beginning (month/year) _____/_____

[] One-time gift payable on (day/month/year) _____/_____/_____

The debit will be processed to your account on the 1st or 15th day of each month, or specified date (as you have authorized) or the next business day.

Signature(s) _____

Donor Name: _____

Address/Contact Information: _____

Telephone: _____ E-mail: _____

This donation is made on behalf of: _____ an Individual _____ a Business

I may revoke my authorization at any time, subject to providing notice of 10 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.

WEC International 37 Aberdeen Avenue Hamilton ON L8P 2N6
Tel: (905) 529-0166 Fax: (905) 529-0630 E-mail: finance@wec-canada.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 the PAD Agreement. To obtain more information on recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

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If donating from a credit card account, please fill in the information requested below:

Card Type: [] Visa [] MasterCard [] American Express

Card Number: _____ Expiry Date: _____/_____

Name of Cardholder: _____

NOTE: Credit Card service fee will be deducted from the gift.