

Pre-authorized Debit (PAD) Agreement

Welcome Hall MISSION		Date	Date:	
I want to suppor	t Welcom	e Hall Mission through m	nonthly donations.	
Please debit my b	oank acco	ount: (attach VOID cheque	?)	
\$35 \$55	_ \$100 _	or other amount	(specify)	
Please choose which account: 1 st or 15 th (or	•	month you would like the debit ousiness day)	to be processed from your	
Signature:			_	
Donor Name:			_	
Donor number:			(if you have one)	
Address:				
Address:				

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

Gifts will be acknowledged and an official receipt for income tax purposes will be given for gifts of \$20.00 or more.

*From now on, we will issue an annual receipt, unless you advise us to the contrary:

Welcome Hall Mission 606, rue de Courcelle Montreal, QC H4C 3L5 Tel: 514-523-5288

E-mail: jhorne@missionba.com

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.

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.