

Pre-authorized Debit (PAD) Agreement

nightlight

Date: \_\_\_\_\_

I want to support **nightlight** through monthly donations by automatic withdrawal from my bank account.

\$ \_\_\_\_\_ (please specify amount in Canadian Funds)

*The debit will be processed to your account on the 25 th day of each month or the next business day.*

I may revoke this authorization at any time with notification of \_\_\_\_\_ days (not to exceed 30). Notice may be given by phone, mail, or e-mail. To obtain a sample cancellation form, or more information on your right to cancel a PAD agreement, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

Signature: \_\_\_\_\_

Donor Name: \_\_\_\_\_

Address/Contact Information: \_\_\_\_\_ Street/Apt  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City/Postal  
Phone/e-mail

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

**PAYOR FINANCIAL INSTITUTION/BANKING INFORMATION** (Please type or print clearly or attach a void cheque)

Branch Number	Institution #	Account Number

Name of Financial Institution

Branch

Branch Address

City/Province Postal Code

nightlight  
c/o 825 Gardiners Road  
Kingston, ON K7M 7E6  
Ben Platz 343-363-0508 benplatz@nightlightCanada.com  
Grace Wilman 613-344-2183 finance@nightlightCanada.com

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to be reimbursed for any debit that is not authorized or is not consistent with this PAD Agreement. More information on rights are available at your financial institution or [www.cdnpay.ca](http://www.cdnpay.ca)