

Pre-authorized Debit (PAD) Agreement



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 _____ day of each month or the next business day.
(please specify your choice of the **1st, 15th or 25th** day of the month)

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.

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 343-363-0508 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