

# 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](http://www.cdnpay.ca).

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

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (circle one: cellphone or landline)

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

This donation is made on behalf of: (please circle one) **an Individual** or **a Business**.

## DONOR 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 \_\_\_\_\_

Return to:  
**nightlight Canada, c/o 825 Gardiners Road, Kingston, ON K7M 7E6**

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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)