



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)

I would like my funds to go to (please circle one):

- nightlight Canada nightlight Belleville nightlight Cambridge nightlight Kingston
- nightlight Sarnia Wherever most needed

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.

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 print clearly or attach a void cheque)

Name of Financial Institution: _____

Branch: _____

Branch Address: _____

City/Province: _____ Postal Code _____

Branch #	Institution #	Account #

Please return,
By mail to: nightlight Canada, P.O Box 35052 Kingston Centre, Kingston ON K7L 1H0
By email to: finance@nightlightcanada.com

Note: You have certain recourse rights if any debit does not comply with this agreement. For example, you 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