

Pre-authorized Debit (PAD) Agreement

WEC International

Date: _____

I want to support the ministry of _____ through monthly donations.

Please debit my bank account, or credit card: (must attach a VOID cheque for bank account withdrawal).

Amount: \$ _____

Please specify withdrawal date:

1st of the month withdrawal beginning (month/year) _____/_____

15th of the month withdrawal beginning (month/year) _____/_____

The debit will be processed to your account on the 1st or 15th day of each month, or the next business day.

Signature(s) _____

Donor Name: _____

Address/Contact Information: _____

Telephone: _____ E-mail: _____

This donation is being made by: _____ **an Individual** _____ **a Business**

I may revoke my authorization at any time, subject to providing notice of 10 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.payments.ca

WEC International 37 Aberdeen Avenue Hamilton ON L8P 2N6
Tel: (905) 529-0166 E-mail: finance@wec-canada.org

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 the PAD Agreement. To obtain more information on recourse rights, I may contact my financial institution or visit www.payments.ca. We store your card/account information in order to process your recurring gift. WEC Canada will only use your credit card/ bank account information to process the monthly gift requested here.

If donating from a credit card account, please fill in the information requested below:

Card Type: Visa MasterCard American Express

Card Number: _____ Expiry Date: _____/_____

Name of Cardholder: _____ C V V _____

NOTE: Credit Card service fee will be deducted from the gift. (on back of card)

*** Monthly pre-authorized gifts are receipted together on one tax receipt sent out at the beginning of the year ***