



Pre-Authorized Debit (PAD) Agreement

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 (CRA requirement, even if receiving an electronic receipt): _____

Email: _____ Telephone: _____

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

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

*** Receipts will be sent out by **email** unless a paper receipt is specifically requested here: **Yes, paper please** _____

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 Email: 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.

Funds designated for the indicated project(s) or ministry will be used for that project(s) or ministry. The donor gives the charity authority to use any remaining funds for other similar purposes if the project or ministry is fully funded or if it cannot be reasonably carried out.

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 _____
(on back of card)

NOTE: a 2.5% service fee, charged by the Credit Card company, will be deducted from the gift.