

Refuge Ministries Canada

Direct Debit Program Authorization Form

I want to support **Refuge Ministries Canada** through **Monthly** donations.

Please debit my bank account: (attach VOID Cheque)

_____ \$25 _____ \$50 _____ \$75 Other Amount \$ _____ (specify)

The debit will be processed to your account on the ____ day of each month or the next business day.

DONOR (PAYOR) INFORMATION (Please Print):

Business Name (if applicable): _____

Last Name: _____

First Name: _____

Street Address: _____

Telephone: _____

City/Town: _____

Postal Code: _____

This donation is made on behalf of: _____ **an Individual** _____ **a Business**

PAYEE : Refuge Ministries Canada

512 Grey St London ON N6B 1H5

Telephone: (226) 236-5242

This agreement may be cancelled at any time by providing **Refuge Ministries Canada** notice in writing or orally (with proper authorization to verify the identity of the payor), 30 days prior to the next PAD being issued. In order to revoke this authorization, I/We must provide notice of revocation to **Refuge Ministries Canada**. For more information on my right to cancel a PAD, I may contact my financial institution or visit www.cdnpay.ca.

I/We have certain recourse rights. I/We may dispute this PAD under any of the following conditions:

- (a) the pre-authorization debit was not drawn in accordance with this Payor's PAD Agreement; or
- (b) this Payor's PAD Agreement was revoked; or
- (c) pre-notification was not received and such pre-notification is required under the terms of this Payor's PAD Agreement.

In order to be reimbursed, I/We acknowledge that a declaration to the effect that either (a) (b) or (c) took place, must be presented to our financial institution's branch up to and including 90 calendar days in the case of a personal PAD (or up to and including 10 calendar days in the case of a business PAD), after the date on which the PAD in dispute was posted to my/our account. After such time, I/We acknowledge that the dispute must be resolved solely between me/us and **Refuge Ministries Canada**.

To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

Signature(s): _____

Date: _____