



Monthly Pre-Authorized Debit (PAD)
Authorization Form

Thank you for your willingness to make a monthly commitment to men, women and children working to overcome poverty and injustice. Your monthly commitment is so important and valued as it enables us to move forward and make commitments to urgent needs, knowing we can count on your support today and in the future.

Please print

Donor Name _____

Telephone _____ home mobile work

Address _____ Apt # _____

City _____ Province _____ Postal Code _____

To receive project news and updates please include your email address: _____

I/we, the Payor(s), authorize ADRA Canada to debit the bank account identified below for the following amount on the 20th of every month or the next business day.

\$200 \$100 \$50 \$25 \$10 **Your choice: \$** _____

Please allocate my gift to: Where Needed Most Project _____

These services are for (check one) Personal Business Use

Authorized Signature(s) _____ Date _____

Name Financial Institution (FI) _____

Branch Address _____

City _____ Province _____ Postal Code _____

From bottom of cheque : _____ : _____

Branch # - 5 digits Financial Institution - 3 digits Account #

I would like a receipt once a year for my total annual donations ____ Yes ____ No, please send a receipt after each donation

Please include a cheque marked "VOID" from the above financial institution along with this form and send to:

ADRA Canada – 20 Robert Street West – Newcastle, ON L1B 1C6
Telephone: 905-446-2372 / 888-274-ADRA (2372) • Fax: 905-723-1903

This authority is to remain in effect until ADRA Canada has received written or verbal notification from you of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain a sample cancellation form or for more information on your right to cancel a PAD Agreement or your recourse rights, contact your financial institution or visit www.cdnpay.ca.

If you need assistance with this form, please call ADRA toll free at 1 (888) 274-2372. Thank you! ADRA Canada