

# **PRE-AUTHORIZED DEBIT AGREEMENT**

## **CUSTOMER INFORMATION**

\_\_\_\_\_  
Please Print Name

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City, Province, Postal Code  
\_\_\_\_\_  
Telephone

## **PRE-AUTHORIZED DEBIT (PAD)**

I here by authorize Action International Ministries Corporation the debiting of my account in the amount of \$ \_\_\_\_\_ by method of Electronic Funds Transfer on the 3rd day OR the 15<sup>th</sup> day of each month beginning \_\_\_\_\_

These services are for support of \_\_\_\_\_

I, the payor, may revoke this authorization at any time, subject to providing 14 days (not to exceed 30 days) notice.

## **BANKING INFORMATION**

Bank Route # \_\_\_\_\_ Bank Transit # \_\_\_\_\_ Account # \_\_\_\_\_  
(All numbers must be provided)

Name of Bank: \_\_\_\_\_

Bank Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City, Province  
\_\_\_\_\_  
Postal Code

- ***If the debit is from a chequing account, please attach a VOID cheque\****

OR Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_  
Month/Year

I have certain recourse rights if any debits does not comply with this agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD agreement. To obtain a form for a Reimbursement Claim, or for more information on my recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

\_\_\_\_\_  
Account holder signature

\_\_\_\_\_  
Date of signature

## **PAYEE CONTACT INFORMATION**

Action International Ministries Corporation  
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Telephone:403-204-1421  
Email: [info@actioncanada.org](mailto:info@actioncanada.org)