

BIC CANADA - GLOBAL

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PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

I/We want to support **BIC CANADA - GLOBAL** through monthly donations for the following project

Please debit my bank account: (*attach VOID cheque*)

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

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

This authorization is for the period _____ to _____ or until further notice
month/year month/year (mark this box if you choose this option)

Donor Name: _____

Address/Contact Information: _____

Email address: _____

Signature

Date

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

I may revoke my authorization at any time, subject to providing notice of 30 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.cdnpay.ca**.

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