



Pre-Authorized Giving Plan (PAD) Authorization From

CONTACT INFORMATION

Name _____

Email _____

Address _____

City _____ Province ____ Postal Code _____ Phone Number _____

BANK ACCOUNT INFORMATION

Please include a VOID CHEQUE or a BANK LETTER to provide your banking details. The donation amount will be automatically deducted from this bank account.

Account Type: Checking Account Savings Account

When changing bank accounts, please send updated account information to our office in writing or by email at finance@fight4freedom.ca as soon as possible so the project is not affected.

PRE-AUTHORIZED DEBIT INFORMATION

I authorize Fight4Freedom to debit my account indicated above, in the amount of:

- \$ _____ on the 1st business day of the month **OR**
- \$ _____ on or after the 15th business day of the month

Date of first Withdrawal: _____ Designation (name of staff or project): _____

AUTHORIZATION

Each donation shall be the same as if I had personally issued a cheque authorizing the Bank to pay Fight4Freedom as indicated and to debit the amount specified from my/our account. I/We understand this agreement can be cancelled at any time, upon written notice to the address below. I/We understand the Bank is not responsible to verify whether these withdrawals are properly debited from our account. Any delivery of this authorization to Fight4Freedom constitutes delivery by me/us to the Bank. I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we 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/our recourse rights, I/we may contact your financial institution or visit www.cdnpay.ca. I/we am/are the person(s) who are authorized to sign on the above account and give permission for automatic withdrawal as per these instructions.

Signature: _____ Date: _____

Please send this completed form with your void check to finance@fight4freedom.ca or Mail to: Fight4Freedom, PO BOX 47605 Don Mills, Toronto, ON, M3C 3S7

THANK YOU!

For more information, visit www.fight4freedom.ca or email to finance@fight4freedom.ca. Canadian Revenue Agency Registration: 753629294RR0001. We will send a charitable tax receipt to you by post at the beginning of the next calendar year. Please contact us for any address changes.

