



Pre-authorized Debit (PAD) Agreement

Please debit my bank account (*attach VOID cheque or deposit slip*)

in the Amount of \$ _____ for: the Words of Peace TV show
 Other _____

Please make the monthly withdrawal on:

1st Day of each Month 15th Day of each Month

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

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

Donor Name: _____

Address: Street _____

City _____ Province _____ Postal Code _____

Phone: Home _____ Work _____ Cell _____

Fax: _____ Email: _____

I (We) hereby authorize *Words of Peace Canada* to withdraw the above amount from my (our) account. This authorization will remain in effect until I (we) provide *Words of Peace Canada* with thirty days written notice to terminate or amend this agreement.

To obtain a sample cancellation form, or for more information on my right to cancel this agreement, you may contact your financial institution or visit www.cdnpay.ca.

Please enclose a void cheque from your chequing account or deposit slip from your savings account and mail this form to:

Words of Peace Canada
119-660 Eglinton Ave. E., Box 413
Toronto, ON M4G 2K2
E-mail: wopc@rogers.com

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 my financial institution or visit www.cdnpay.ca.

Signed _____ Date _____

Signed _____ Date _____