Marsing solutionPre-Authorized Debit AgreementA simple solutionPre-Authorized Debit AgreementMarsing solutionMarsing completed form (please fill in ALL fields) via email to dotations.canada@marysmeals.org, or mail to the following address:Marsing solutionMarsing completed form (please fill in ALL fields) via email to dotations.canada@marysmeals.org, or mail to the following address:Marsing solutionMarsing completed form (please fill in ALL fields) via email to dotations.canada@marysmeals.org, or mail to the following address:Marsing solutionMarsing completed form (please fill in ALL fields) via email to dotations.canada@marysmeals.org, or mail to the following address:Marsing solutionMarsing completed form (please fill in ALL fields) via email to dotations.canada@marysmeals.org, or mail to the following address:Marsing solutionMarsing completed form (please fill in ALL fields) via email to dotations.canada@marysmeals.org, or mail to the following address:Marsing solutionMarsing completed form (please fill in ALL fields) via email to dotations.canada@marysmeals.org, or mail to the following address:Marsing solutionMarsing completed form (please fill in ALL fields) via email to dotations.canada@marysmeals.orgMarsing solutionMarsing completed form (please fill in ALL fields) via email to dotations.canada@marysmeals.orgMarsing solutionMarsing completed form (please fill in ALL fields) via email to dotations.canada@marsing completed form (please fill in ALL fields) via email to dotations.canada@marsing completed form (please fill in ALL fields) via email to dotations.canada@marsing completed form (please fill in ALL fields) via email to dotations.canada@marsing completed form (please fill in ALL fie	
Date:	
want to support Mary's Meals Canada through monthly donations.	
Please debit my bank account <i>(attach VOID cheque, or fill out banking info below)</i>	
Amount \$ (specify)	
I would like the debit to be processed on the 1 st of each month or the 15 th of each month (or next business day).	the
Receipt: No Yes – by post	
Yes – by email**	
First and Last Name*:	
Mailing List: No thank you Yes – by email** Yes – by mail	
Banking info (or send a void cheque): Transit # (5 digits): Institution # (3 digits): Account # (usually 8 – 12 digits): Vancouver, BC V2X M67 extra the Sample Voil Cheque of the State of the Sample Voil Cheque of the State of the Sample Voil Cheque Image:	
Preferred contact method: by phone by email** (this helps keep our costs low) Signature:	

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.

*full name and address of donor are required for issuing of official tax receipt. **email address is required if your preferred contact method is by email

Tax receipts are issued by the end of February for the previous tax year. For any enquiries regarding receipts, please contact <u>donations.canada@marysmeals.org</u>.

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