mary's meals	Pre-Authorized Debit Agreement Please return this completed form (please fill in ALL fields) via email to donations.canada@marysmeals.org, or mail to the following address: Mary's Meals Canada PO Box 76144, Millrise RPO Calgary, Alberta T2Y 2Z9
Date:	
I want to support Mary	's Meals Canada through monthly donations.
Please debit my bank a	ccount (attach VOID cheque, or fill out banking info below)
Amount \$	(specify)
I would like the debit to next business day).	be processed on the 1 st of each month or the 15 th of each month (or the
Receipt: No	Yes – by post
	Yes – by email**
First and Last Name*: _ Mailing Address*: _ Phone Number:	
Email**:	
Mailing List: No that	nk you Yes – by email** Yes – by mail
	a void cheque): Transit # (5 digits): Institution # (3 digits):
PAT	TO THE SAMPLE VOID CHEQUE \$
Y	MOD DOLLARS Venopuver, B.C. VSN AP3 No
··· 10	TRANSIT INSTITUTION ACCOUNT NUMBER 0#* 1:13500#609: 10#000#123#14
Preferred contact metho	od: 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>.

THANK YOU FOR YOUR GENEROUS GIFT