

Pre-Authorized Debit Agreement

Instructions:

Please send a void cheque along with this completed form (please fill in ALL fields) to the following address:

Mary's Meals Canada PO Box 76144, Millrise RPO Calgary, Alberta T2Y 2Z0

or scan and email to donations.canada@marysmeals.org.

Date:			
I want to support I	Mary's Meals Canada through month	<u>ly</u> donations.	
Please debit my bank account (attach VOID cheque): Amount \$ (sp		(specify)	
The debit will be pro	ocessed to your account on the 15th da	y of each month or the	e next business day.
Receipt: No	☐ Yes – by post☐ Yes – by email**		
First and Last Name	e*:		
Mailing Address*:			
Phone Number:			
Email**:			
Mailing List: N	o thank you ☐ Yes – by email**	□ Yes – by m	nail
Preferred contact m	nethod: by phone by email**	(this helps keep our co	osts low)
Signature:			
This donation is ma	de by: an individual a t	ousiness	
	orization at any time, subject to providing non my right to cancel a PAD Agreement, I m	•	•
reimbursement for an	se rights if any debit does not comply with the y debit that is not authorized or is not consistourse rights, I may contact my financial ins	stent with this PAD Agre	eement. To obtain more

*full name and address of donor are required for issuing of official tax receipt.

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

^{**}email address is required if your preferred contact method is by email