

Pre-authorized Debit Agreement

I want to support BridgeNorth Women's Mentorship & Advocacy Services through regular donations. I want my donations to be automatically withdrawn from my bank account:

- Monthly (on the _____ day of the month)
- Bi-weekly (the first one to the withdrawn on _____)
- Weekly (every Monday)

Please debit my bank account in the amount of \$ _____ for each donation. (*attach VOID cheque*)

For receipting purposes

Name: _____

Address: _____

This donation is made on behalf of (please check one): an Individual a Business

I may revoke my authorization at any time, subject to providing notice of 10 business 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.

Return this completed form to:

BridgeNorth Finance Department
1111 Davis Drive Unit 23
Suite 102
Newmarket, ON L3Y 9E5
Tel: 905-895-9065
Email: finance@bridgenorth.org

Signature: _____ Date: _____

~Please attach a VOID cheque to this application~