

**Pre-Authorized Debit (PAD) Agreement**

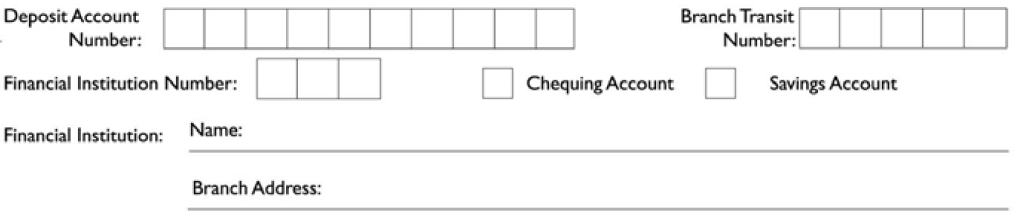
**Camp Tulakadik Date: ­­­­­\_\_\_\_\_\_\_\_\_\_**

I wish to support Camp Tulakadik through monthly charitable donations.

Please debit my bank account: (Attached Void Cheque or Complete Account Information)

**\_\_\_ $50 \_\_\_\_ $75 \_\_\_\_ $100 Other Amount \_\_\_\_\_\_\_\_\_** (specify)

***\*\*\*The Debit will be processed to your account on the 30th of each month or the next business day***.



Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Donor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address/Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\*\*\*\*I may revoke my authorization at any time, subject to providing written notice within 10 days of scheduled debit to Camp Tulakadik via the above contact information. 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.payments.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.payments.ca.