

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

**WEC International**                      **Date:** \_\_\_\_\_

**I want to support the ministry of \_\_\_\_\_ through monthly donations.**

**Please debit my bank account, or credit card: (attach VOID cheque for bank account withdrawal)**

**Amount:** \_\_\_\_\_

Please specify withdrawal date:

[  ] 1st of the month withdrawal beginning (month/year) \_\_\_\_\_/\_\_\_\_\_

[  ] 15th of the month withdrawal beginning (month/year) \_\_\_\_\_/\_\_\_\_\_

[  ] One-time gift payable on (day/month/year) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*The debit will be processed to your account on the 1<sup>st</sup> or 15<sup>th</sup> day of each month, or specified date (as you have authorized) or the next business day.*

**Signature(s)** \_\_\_\_\_

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

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

**Telephone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

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

I may revoke my authorization at any time, subject to providing notice of 10 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](http://www.cdnpay.ca).

WEC International    37 Aberdeen Avenue    Hamilton ON L8P 2N6  
Tel: (905) 529-0166    Fax: (905) 529-0630    E-mail: [finance@wec-canada.org](mailto:finance@wec-canada.org)

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 the PAD Agreement. To obtain more information on recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

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If donating from a credit card account, please fill in the information requested below:

Card Type: [  ] Visa [  ] MasterCard [  ] American Express

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_/\_\_\_\_\_

Name of Cardholder: \_\_\_\_\_