



Pre-Authorized Debit Form

Thank you for choosing the Pre-Authorized Debit to donate monthly to Safe Families Canada.

Safe Families Canada appreciates your generous support and prioritizes each gift towards your local community. Safe Families Canada reserves the right to utilize a portion of all donations in support of its National Operations in achieving the vision of the organization across Canada.

This document signifies that I, _____,

permit Safe Families Canada to withdraw a donation amount totalling \$_____ from my bank account on the **15th day of each month** or the next business day. Please use this gift in the _____ Chapter or the General Fund - Where it is needed most.

CANCELLATION or CHANGE Information: I understand that I may cancel the authorization for this monthly gift at any time by providing 10 business days' written notice. I will do this in writing via email to accounting@safefamilies.ca by completing and attaching the Cancellation/Change form below. I understand that I may obtain a sample cancellation form or further information on my right to cancel a Pre-Authorized Debit agreement at my financial institution or by visiting www.payments.ca.

Account and Owner Information: (Bank accounts only, no credit cards) Personal Account Business Account

Last Name _____ First Name _____

Business Name: _____

Street Address _____ Apt/Unit # _____

City _____ Province _____ Postal Code _____

Phone Number _____ Email: _____

By signing this form, I confirm that I have authority under the terms of my account agreement to authorize this debit.

Signature: _____ **Date:** _____

Signature of Donor (must be signing authority if for a business bank account)

Please either provide a void cheque for your account to submit this form by mail, addressed to

Payee Contact Information: Safe Families Canada, 1730 Bur Oak Ave. P.O. Box 3029, Markham, ON., L6E 0J1, OR fill in your banking information below and submit this form by email to accounting@safefamilies.ca.

Transit/Branch # _____ Institution # _____ Bank Account # _____

Please allow for ten business days for your PAD request to be processed.

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.

Pre-Authorized Debit Form Change/Cancellation Form

I choose to **CHANGE** or update my personal or banking information.

Name Change: _____

Business Name Change: _____

Donation \$ Change: _____ Chapter or General Fund Change: _____

Address Change: Street _____

Apt/Unit # _____ City _____ Province _____ Postal Code _____

Phone Number Change _____ Email Change: _____

Signature: _____ **Date:** _____

Signature of Donor (must be signing authority if for a business bank account)

Please either provide a void cheque for your account to submit this form by mail, addressed to

Payee Contact Information: Safe Families Canada, 1730 Bur Oak Ave. P.O. Box 3029, Markham, ON., L6E 0J1, OR fill in your banking information below and submit this form by email to accounting@safefamilies.ca.

Transit/Branch # _____ Institution # _____ Bank Account # _____

Please allow for ten business days for your PAD request to be processed.

I choose to **CANCEL** my giving.

This document signifies that I, _____,

have decided to Cancel my donation of \$ _____ to Safe Families Canada.

Signature: _____ Date: _____

Signature of Donor (must be signing authority if for a business bank account)

Please allow for ten business days for your PAD request to be processed.

Please share with us why you chose to cancel your donation.

Would you like to be contacted by a staff member? YES NO

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.