



## 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](mailto: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](http://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](mailto: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](http://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](mailto: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.

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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](http://www.payments.ca).