



# Palyul Pema Mani Center

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www.palyultoronto.org

Charitable BN #815124102 RR 0001

## Pre-Authorized Debit (PAD) Agreement

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_

I wish to support **Palyul Pema Mani Center (PPMC)** through monthly membership donations. I hereby authorize PPMC to debit my bank account for monthly contributions using the banking information provided below. The debit will be processed on the **1st or \_\_\_\_\_ day of each month**, beginning \_\_\_\_\_ **(Month and Year)**.

This authorization is provided in accordance with the rules of the **Canadian Payments Association (CPA)** for Pre-Authorized Debits. I understand that I may revoke this authorization at any time by providing at least 2 weeks of written notice to PPMC.

\$30       \$50       \$100 or       Other amount (specify): \$ \_\_\_\_\_

### Bank Account Information:

Complete the following information from the bottom of your cheque (if you know). Please attach a void cheque.

Bank Name: \_\_\_\_\_ Branch #: \_\_\_\_\_

Institution #: \_\_\_\_\_ Account #: \_\_\_\_\_

These services are for (check one) \_\_\_\_\_ personal \_\_\_\_\_ business use.

Signature of Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_

*We collect personal information only for donation processing, membership administration, and issuing tax receipts, in compliance with Canada's PIPEDA (Personal Information Protection and Electronic Documents Act). Your information is kept secure and is never sold or shared, except as required by law.*