

Pre-Authorized Debit Agreement

Rose City Kids

Date: _____

I want to support Rose City Kids through monthly donations.

Please debit my bank account: (attach VOID cheque)

___ \$25 ___ \$50 ___ \$75 Other Amount \$ _____

The debit will be processed to your account on the 18th day of each month or the next business day.

Signature: _____

Donor Name: _____

Address: _____

Commencing Date: _____

This donation is made on behalf of: _____ an Individual _____ a Business

I may revoke my authorization at any time, subject to providing notice of 30 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.

Rose City Kids
97-99 East Main St.
Welland, ON L3B 3W5
Tel: 905-788-9800
Email: cathy@rosecitykids.com

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.cdnpay.ca.