



SHINE THE LIGHT INITIATIVE PRE-AUTHORIZED DEBIT AGREEMENT

1. CUSTOMER INFORMATION

Name: _____ Date: _____

Account: (for office use only)

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Phone Number: _____

2. BANK ACCOUNT INFORMATION

① Financial Institution Name: _____

② Branch Address: _____

③ Branch Transit Number:

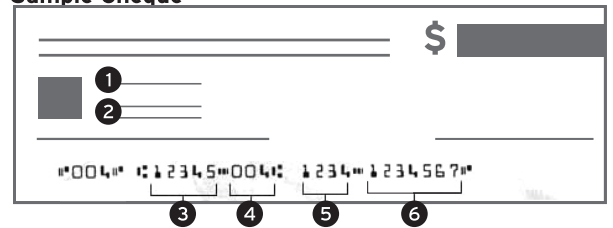
④ Financial Institution Number:

⑤ Designation Number:
(If Applicable)

⑥ Deposit Account Number:

Type of Account: Chequing Account: Savings Account:

Sample Cheque



3. PRE-AUTHORIZED DEBIT (PAD) DETAILS

You, the Payor, authorize Shine The Light Initiative to debit your bank account identified above for _____/month (One sponsored child = \$45/month, 2 sponsored children = \$90/month. This includes all applicable taxes.) The specified amount will be debited from your account on the 15th of every month.

You, the Payor, may revoke your authorization at any time, subject to providing 30 days notice. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

Signature of Account Holder

Signature of Joint Account Holder (if appropriate)

Name (Please print)

Name (Please print)

Date

Date

You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights, contact your financial institution or visit www.cdnpay.ca

PLEASE ATTACH A VOID CHEQUE HERE

When this form is complete, scan/email, mail or fax to:

Shine The Light Initiative
518 South Drive
Winnipeg, MB
R3T 0B1, Canada

*Preferred method is scan/email

Tel: 204.947.2254 Fax: 204.947.9954
info@shinethelight.ca