

Pre-Authorized Debit Monthly Donation Form

I want to support The Wilberforce Project through monthly donations.

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

Name: _____

Business Name: *If applicable* _____

Phone: _____

Email: _____

Address: _____

Amount: ___ \$25 ___ \$50 ___ \$75 ___ \$100 ___ Other: \$ _____

Please debit my bank account: *(complete bank account information or include void cheque)*

Account #: _____

Transit # (5 digits): _____ Financial institution # (3 digits): _____

The withdraw will be processed on the 5th day of each month or the next business day.

I may revoke my authorization at any time, subject to providing notice of 10 business 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.payments.ca. 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.

Signature: _____ Date: _____

Send completed form via email or mail to:
The Wilberforce Project
PO Box 44121 Garside, Edmonton, AB T5V 1N6
admin@twp.life
780-421-7747