



Pre-Authorized Debit (PAD) Agreement

Please print, complete, sign and mail this form to Reapers in the Rain.

I want to support Reapers in the Rain through monthly donations.

Please debit my bank account: **(attach VOID cheque)** in the amount of \$_____.
The debit will be processed to your account normally on the 17th of each month.

Signature: _____

Date: _____

Donor Name: _____

Address: _____

City & Province: _____

Postal Code: _____

This donation is made on behalf of an Individual a Business to Reapers in the Rain (please check one).

I may revoke my authorization at any time, subject to providing notice of 15 days prior to actual date of transmissions of EFT file to Royal bank of Canada (RBC). To obtain a sample cancellation form, or for more information on my rights to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.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.cdnpay.ca.

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