



PRE-AUTHORIZED DEBIT AGREEMENT

PERSONAL INFORMATION

Full Name : _____

Address : _____

City / Province : _____ Postal Code : _____

E-mail : _____ Phone Number : _____

- I am supporting:
- The Hope Fund
 - Hope Partner Giving Community
 - Global Health
 - Clean Water & Energy
 - Protection & Education
 - Emergency Relief
 - Other: _____

Through monthly donations of : \$ _____ (please specify amount)

Please withdraw the amount stated above, from my bank account:
(Please attach a VOID cheque - can be printed from your online banking account).

On the **1st** or **15th** of every month (please circle which date)

I may revoke my authorization at any time, subject to providing notice of thirty (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

Please return the completed form to:

1830 Mountain Road, Suite C Moncton, NB E1G 1A9

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.

Signature Date

877-482-1499 (Office) / finance@worldhope.ca
www.worldhope.ca