



Pre-Authorized Debit (PAD) Agreement

Thank-you for your interest in the Hope for Wildlife Society! Please use this form to authorize monthly donations from you bank account.

Please debit my bank account: \$ _____ The debit will be processed on the 15th day of each month or the next business day

Please send a charitable tax receipt (will be issued at the end of the year): Y or N (circle one)

Name: _____

Address: _____

Phone: _____ Email: _____

This donation is made on behalf of (please check one): 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.

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.

Signed: _____ Date: _____

Please send this completed form and a VOID cheque to:

Hope for Wildlife Society
5909 Hwy 207
Seaforth, Nova Scotia, B0J 2L0

Tel: (902) 407-9453
Email: info@hopeforwildlife.net

THANK-YOU FOR YOUR SUPPORT!