



7415 boul. Gouin Ouest
Montréal (Québec)
H4K 1B8
514-337-2555
Courriel: association@aebeq.qc.ca



Preauthorized contribution plan

I wish to support the Pax street community ministry.
Please debit my bank account of the following amount _____ \$ (*attach VOID cheque*)

The debit will be processed to my account
on the 3rd or the 18th of each month, or the next business day, from ____/20__

Signature : _____

Date : _____

Donor Name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

This donation is made on behalf of: 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.

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Three times a year, we will send you a tax receipt indicating the total amount of your donations.

Please return this copy