



PALYUL PEMA MANI CENTER

Pre-Authorized Debit (PAD) Agreement

Name: _____

Address: _____

City: _____

Province: _____ Postal code: _____

E-Mail: _____

Phone: _____

I want to support Palyul Pema Mani Center (PPMC) through monthly membership donations. I authorize PPMC to withdraw monthly contributions from my bank account using the information below on the 1st or _____ day of each month beginning _____. (Month and Year).

\$30 \$50 \$100 or Other amount (specify): \$ _____

Bank Account Information:

Complete the following information from the bottom of your cheque (if you know). Please attach a void cheque.

Bank Name: _____

Branch #: _____

Institution #: _____

Account #: _____

These services are for (check one) _____ personal _____ business use.

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

Palyul Pema Mani Center

59 Ingleside Dr., Toronto, ON M3K 1V2

Phone: 416-259-7264 Email: PalyulPemaMani@gmail.com

www.palyultoronto.org

Charitable BN #815124102 RR 0001

Signature of Account Holder: _____ Date: _____