

Pre-Authorized Donations

PLEASE PRINT CLEARLY



I would like to support Freedom House through pre-authorized donations.

- 1) **Please debit my bank account \$ _____** (attach bank account as instructed below)
- 2) This donation is made on behalf of an individual a business
- 3) Donation will be withdrawn on the: (check one)
 - 1st of the Month
 - 15th of the Month
 - Weekly (Takes place on Fridays)
 - Bi-Weekly (every 2 weeks on Friday)
 - Semi-Monthly (1st and 15th of each month)
- 4) Starting Date: _____

Donor Name	
Street Address	
City/Prov	
Postal Code	
Phone Number	
Email Address	
<i>Please attach either a void cheque or direct deposit form which lists the transit number, institution number & account number for the account you would like the donation to be taken from</i>	

I hereby Authorize Freedom House to debit from my bank account as specified above. Charitable Receipts are issued for all donations received through this Pre-Authorized Donation Form. I may revoke my authorization at any time, by providing written notification to Freedom House at least 30 days prior to my next scheduled withdrawal. 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 a sample cancellation form, or for more information on my right to cancel a PAD Agreement or more information on my recourse rights I can contact my financial institution or visit www.cdnpay.ca.

Signature of Account Holder

Date

Send Completed Form to: Freedom House
PO Box 20010, Clarence St
Brantford, ON, N3R 0A4
Att: Amanda Cabral Medford -
Administrator

Ph: 226-401-3626
Email: giving@freedomhouse.ca
Website: www.freedomhouse.ca