

Pre-Authorized Donations

PLEASE PRINT CLEARLY



FREEDOM HOUSE

I would like to support Freedom House through monthly donations.

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- 3) Donation will be withdrawn on the _____ of each month or (check one)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

Donor Name	
Address	
City/Prov	
Postal	
Phone Number	
Email Address	

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 20 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

Attach VOID CHEQUE Here

Send Completed Form to: Freedom House
1 Market Street, Suite 103
Brantford, ON, N3T 6C8
Att: Nicki Straza - Treasurer

PH: 226-401-3626
Email: nicki@freedomhouse.ca
Web: www.freedomhouse.ca