



Cooperative English as a Second Language Ministries Society (CESLM)

Pre-Authorized Debit (PAD) Agreement

I/We want to support CESLM through monthly donations.

Donor name: _____

Address: _____

City: _____ Province: _____ Postal code: _____

Phone: _____ Email address: _____

Check to indicate communication preference: Email OR Mail (Canada Post)

Please debit the amount of \$ _____ from my/our bank account monthly on the **20th** of each month or the following business day.

*(Please attach a **VOID** cheque) **NOTE:** The name on the cheque should match the donor name above.*

Bank name & address: _____

Account # _____ Transit #: _____ Financial Institution #: _____

I/We may revoke the authorization at any time upon providing written notice to CESLM at least 20 days prior to the next due date of the PAD Agreement.

I/We 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 or cancellation, I may contact my financial institution or visit www.cdnpay.ca.

Signature: _____ Date: _____

Printed name: _____

Please mail this completed form with a void cheque to:

Cooperative ESL Ministries
PO Box 65172, North Hill
Calgary, AB, T2N 4T6

OR scan and email to donate@eslcooperative.ca