

Payor's Authorization for Pre-Authorized Debits (Pad) for
Loads of Love Humanitarian Aid & Mission Society

I/We want to support this organization through monthly donations:

Funds are designated to (what group ex. Zambia, Ukraine, Barnabas Group) _____

Donor Name _____

Street Address _____

City _____ Province _____ Postal Code _____

Telephone _____ email address _____

Please debit my bank account (I/We have attached a specimen cheque marked "Void" to this Payor's Authorization)
The debit will be processed to your account on the 20th day of each month or the next business day.

Bank Name _____

Bank Branch Address _____

Transit Number(5 digit) _____ Institution(3 digit) _____ Account Number _____

Void Cheque Attached Monthly Contribution _____ Commencing _____

*I/we may revoke the authorization at any time upon providing written notice to Loads of Love Humanitarian Aid & Mission Society
15 Prince St N, Chatham ON N7M 4J5, subject to providing 30 days notice.*

I/We agree that, for the purpose of this agreement, all pre-authorized debits from my/our account will be treated as Personal.

*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, I may contact my financial institution or visit www.cdnpay.ca*

Signature _____

Date _____