Norfolk Pregnancy & Family Resource Centre

A PLACE OF HOPE AND HEALING

Pre-authorized Debit (PAD) Agreement

Adopt-a-Day

I want to support the Norfolk Pregnancy & Family Resource Centre (NPC) by adopting a day through monthly donation in honour/memory of

_____

Please debit my bank account:

☐**$25** Date to adopt (1) _____

☐**$50** Dates to adopt (1) _____ (2) _____

☐**$75** Dates to adopt (1) _____ (2) _____ (3) _____

☐**$100** Dates to adopt (1) _____ (2) _____ (3) _____ (4) _____

(amount indicated will be processed to your account on the 18th day of each month or the next business day)

Bank Information: (attach void cheque **or** fill out information below)

Account # _____ Branch/Transit # _____

Financial Institution # _____ Account type: ☐Chequing ☐Savings

Financial Institution's name _____

Address _____

Donor information: ☐personal donation ☐business donation

Financial Institution # Account type: ☐Chequing ☐Savings

Name: _____

Address: _____ Postal Code: _____

Phone: _____ Email: _____

I understand that I may revoke my authorization at any time, subject to providing notice to the NPC in writing within 30 days of desire to cancel. To obtain a 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.

Signature(s) of account holder(s)

Print Name	Signature	Date
Print Name	Signature	Date

Donation to: Norfolk Pregnancy Centre
37 Robinson Street
Simcoe, ON N3Y 1W5
P: 519-428-2177 E: director@norfolkpc.org

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