



Pre-Authorized Debit (PAD) Agreement

I want to support STEP International through monthly donations

1. Donor Information

Name:

Mailing Address:

City/Town:

Province:

Postal Code:

Phone:

Email:

2. Donation Information

I hereby authorize STEP International to debit \$ _____ /month from my bank account 15th of each month or the next business day.

This donation is made on behalf of: an individual a business

I may revoke my authorization by providing the date to cancel, in writing, 30 days prior to withdrawal date. To obtain a sample 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.

3. Bank Account Information

I've attached a VOID cheque

or

Please use the following banking information:

Account #

Branch Transit #

Financial Institution #

Financial Institution: Name:

Address:

4. Signature

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.

Signature:

Date:

Please mail or email to:

STEP International

P.O. Box 682, STN A, Abbotsford, BC V2T 6Z8, Toll-free: 844-837-9178

Email: donations@stepinternational.ca