



I want to support Compasio Relief & Development through monthly donations.

Please debit my bank account: (include a VOID cheque)

_____ /100 DOLLARS \$ [] each month.

Please debit my account on the: 1st or 15th day of each month (check one)

The debit will be processed to your account on the date you've checked above or the next business day.

Name: _____

Phone: _____ Email: _____

Address: _____

This donation is made on behalf of: an individual a business (check one)

Signature:

Date: _____

I may revoke my authorization at any time, subject to providing notice of fourteen days. 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.

Compasio contact information is below.

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.

(PLEASE REMEMBER TO INCLUDE YOUR VOID CHEQUE)



Contact information

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