



Clayoquot Action .org

Clayoquot Action
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Email info@clayoquotaction.org

Pre-Authorized Debit Agreement

Date: _____

I wish to support Clayoquot Action through monthly donations.
Please debit my bank account each month by:

\$15 \$20 \$25 \$30 \$50 \$_____

This donation debit will be processed through my account on the 1st of each month.

Please attach a VOID cheque with your banking information.

Name: _____

Mailing address: _____

City: _____ Province: _____ Postal code: _____

Phone: _____ Email: _____

Signature: _____

I may revoke my authorization at any time, subject to providing notice of 30 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 the Canadian Payments Association at www.cdnpay.ca.

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.