



PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

I want to join Camp Aush-Bik-Koong's monthly support team. Please debit my bank account (attach a void cheque):

- \$25/month
- \$50/month
- \$100/month
- Other - \$ _____/month

I authorize Camp Aush-Bik-Koong to debit my account monthly on the 15th day of each month or the next business day for payment of my monthly pledge.

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

PERSONAL INFORMATION

Name: _____
 Mailing Address: _____
 Email Address: _____ Telephone: _____

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 rights to cancel PAD agreement, I may contact my financial institution or visit www.cdnpay.ca. To cancel this authorization at any time, please give written notice to address below or by calling Ryan Lidstone at (705) 942-1142.

Signature: _____ Date: _____

I have certain recourse rights if any debit does not comply with this agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

REMITTANCE INFORMATION

Please remit this form and void cheque to:

Camp Aush-Bik-Koong
 624 McNabb St.
 Sault Ste. Marie, ON, P6B 1Z4
ryan@campabk.com