



## 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 15<sup>th</sup> 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](http://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](http://www.cdnpay.ca).*

## REMITTANCE INFORMATION

Please remit this form and void cheque to:

Camp Aush-Bik-Koong  
51 Hussey St.  
Sault Ste. Marie, ON, P6A 4N3  
[ryan@campabk.com](mailto:ryan@campabk.com)