



My Monthly Donation:

Name: _____

Address: _____

Postal Code: _____ Phone: _____

Email: _____

I (we) authorize Christian Service Centers of Canada Inc to process a monthly debit in the amount of \$ _____ from my (our) account on the 15th of each month beginning on _____ (date).

This donation is made on behalf of ☐ an individual or ☐ a business or charity (check one)

A void cheque from my bank account is included with this form.

Signature

Date

Signature

Date

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, obtain a sample cancellation form or for more information on my right to cancel this PAD agreement I may contact my financial institution or visit www.cdnpay.ca

I may revoke my authorization at any time, subject to providing notice of at least seven business days, by contacting CSC by phone at 519-690-1615.

Please mail this form to
Key Bible Clubs
28-980 Adelaide St S
London ON N6E 1R3