



I Wish to support the Ancient Forest Alliance through monthly donations!

Pre-Authorized Debit (PAD) Agreement

Donor Name: _____

Street: _____ City: _____

Prov: _____ Postal Code: _____

Phone: _____ E-mail: _____

Please Debit my Bank Account for my Monthly Donation to the AFA: *(attach VOID cheque or include info below)*

Name of Bank: _____ Branch No. or Street Address: _____

Transit Number: _____ (5 digits) Institution/Route No. _____ (3 digits) Account No. _____ (5 to 12 digits)



\$5 (min) \$10 \$15 \$20 \$30 \$50 Other Amount \$ _____

Please INCREASE the monthly Debit from my Bank Account. An increase of: _____ from: _____ to: _____

I would like this donation debit to be withdrawn from my account on the 1st or 15th of each month.

Donor Signature: _____

Date (dd/mm/yyyy): _____

This donation is made on behalf of: an Individual a Business

The Ancient Forest Alliance is a registered BC non-profit society. # S0056367
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250-896-4007
info@ancientforestalliance.org
www.AncientForestAlliance.org

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 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