

Pre-Authorized Debit (PAD) Agreement

Lessons For Living Ministries

P.O. Box 27030
 Simcoe Conlin P.O.
 Oshawa, ON L1G 0A3



Charitable registration No. 81059 4564 RR0001

Date: _____

I want to support **Lessons For Living Television** through monthly donations.
Please debit my bank account: (attach VOID cheque)

This Donation is made on behalf of an **Individual** ___ or a **Business** ___

Amount	\$ _____
First Withdrawal Date	Month _____ Day _____ Year _____
Frequency	_____
Number of Installments	_____
BANK ACCOUNT INFORMATION	
Bank Name:	_____
Branch Address:	_____
Branch Transit No.:	_____
Bank Account No:	_____
Type of Account	Checking ___ Savings ___

I may revoke my authorization at any time, subject to providing notice of (Payee to insert period - not to exceed 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.

Signature	_____
Donor Name	_____
Address	_____
City, Province,Postal Code	_____
Email	_____
Phone Number	_____

When The Form is Complete - mail to:

Lessons For Living Television

P.O. Box 27030

Simcoe Conlin P.O.

Oshawa, ON

L1G 0A3

or email to:

Bill@L4Ltv.com

