

## Pre-authorized Debit (PAD) Agreement – For Monthly Gifts

\_\_\_\_ Personal Account \_\_\_\_ Business or Church/Charity Account

**TO:** Latin America Mission (Canada) Inc.  
3075 Ridgeway Drive, Unit 14  
Mississauga, ON L5L 5M6

Ph: 905-569-0001  
Fax: 1-866-470-6680  
E-mail: [info@lamcanada.ca](mailto:info@lamcanada.ca)

Name \_\_\_\_\_ Daytime Phone(s) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

E-mail \_\_\_\_\_ Date \_\_\_\_\_

I hereby authorize Latin America Mission (Canada) Inc. to debit from my bank account on the 16<sup>th</sup> of each month, or on the next business day thereafter, monthly donations as detailed below.

Start date: \_\_\_\_\_ 16, \_\_\_\_\_  
Month Year

Total Amount: \$ \_\_\_\_\_

**Your Gift Preference:** Please apply my donations to the following ministries/programs:

1. \$ \_\_\_\_\_ for \_\_\_\_\_ 2. \$ \_\_\_\_\_ for \_\_\_\_\_

Please credit my LAM donor account no.  for all deductions, or

I am a new donor. Please assign me a donor account number.

I authorize LAM Canada to accept instructions from me by telephone if I need to cancel or change these monthly deductions. I understand LAM Canada needs ten (10) days notice before the next scheduled deduction date, if I require an immediate cancellation or change to my monthly gifts. LAM Can accepts notification by telephone, email or regular mail in its own Notice of Change to PAD form or in the CPA format. To obtain a sample cancellation form from the CPA, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://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 PAD that is not authorized or is not consistent with the terms of this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

**I am submitting this PAD by mail, scanned email, fax OR courier and hereby waive written pre-notification by LAM Canada of my first PAD deduction. I confirm I will make a copy of this PAD for my own records.**

**I attach an unsigned blank cheque marked "Void" or a form from my bank in lieu of a cheque**

\_\_\_\_\_  
Full Name(s) of Account Holder(s)

\_\_\_\_\_  
Signature(s) – if two signatures required, please have both parties sign

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
My FI Account No.

\_\_\_\_\_  
FI Institution and Transit No.

\_\_\_\_\_  
FI Address

\_\_\_\_\_  
FI City, Province and Postal Code



**Our Gift Policy:** Spending of funds is confined to LAM Canada approved ministries and projects. If a preference has been expressed as to how LAM Canada uses a gift, the gift remains a gift to LAM Canada to be used to best advance its charitable purposes. When the need for any ministry or project has been met, or cannot be completed for any reason determined by LAM Canada, any remaining funds will be used where needed most as determined by the Board of LAM Canada.