prepared to answer
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Prepared to Answer
PO Box 105
Exeter, ON
N0M 1S6
☎ 226-735-0782
donate@preparedtoanswer.org
https://preparedtoanswer.org

Designation:

☐ General ☐ Doubters Welcome Matt Bellefeuille ☐ Shawn Walker ☐ Other: _____

My Support:

☐ $300 ☐ $150 ☐ $100 ☐ $45 ☐ Other:_____ ☐ Monthly ☐ Quarterly

My Information:

Name: _____ Middle Initial: ____ Last Name: _____

Address: _____

City/Town: _____ Prov/State: _____ Postal code: _____

Phone: _____

Email: _____

Donation is made by: ☐ Personal ☐ Business

☐ My banking information is provided below (or attach a void cheque):

Bank Transit No. _____ (5 digits)

Bank Branch No. _____ (3 digits)

Bank Account No. _____ (7 - 9 digits)

☐ **Please debit my bank account on the 18th of the month**

Cancellation and Recourse Agreement

I may revoke my authorization at any time, subject to providing notice of 14 days. To obtain a sample cancellation form, or for more informationon 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.

Signature:_____ Date:_____