



**Good Shepherd**  
Faith in people.

## Good Shepherd Pre-Authorized Debit Agreement (PAD)

**Yes, Brother Richard, I wish to help you bring comfort and relief to those most in need!  
I want to support Good Shepherd Centres through a monthly donation.**

### 1. Personal Information *(please print clearly)*

Name: \_\_\_\_\_

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

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

Telephone Number: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

### 2. Bank / Debit Information

**Direct Debit: I (we) authorize Good Shepherd to process a debit in the amount of \$ \_\_\_\_\_ on my (our) account on the \_\_\_\_\_ day of each month, commencing in the month of \_\_\_\_\_ 20\_\_\_\_\_.**

I have attached a **VOID CHEQUE** as required by the bank for pre-authorized transactions.

Deposit Account Number:

Bank Transit Number:      Financial Institution Number:

Chequing Account  Savings Account

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

Branch Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 3. Credit Card Information

**Direct Credit Card Debit: I (we) authorize Good Shepherd to process a debit in the amount of \$ \_\_\_\_\_ on my (our) account on the \_\_\_\_\_ day of each month, commencing in the month of \_\_\_\_\_ 20\_\_\_\_\_.**

\$10  \$25  \$35  \$50  \$100  Other Amount (specify) \$ \_\_\_\_\_

Cheque  Visa  MasterCard  AMEX

Name on Card: \_\_\_\_\_

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_  
Day / Year

*The debit will be processed to your account on the \_\_\_\_\_ day of each month or the next business day.*

These services are for:  Personal  Business Use

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your rights contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca). You may revoke authorization of this agreement at any time, subject to providing a completed cancellation form **10 business days** prior to next scheduled debit. To make inquiries, obtain a cancellation form or seek further recourse please contact us at the following: **Good Shepherd Centres, 10 Delaware Ave. PO Box 1003, Hamilton, ON L8N 3R1, Phone: (905) 572-6435 Fax: (905) 528-6967 or visit: [www.goodshepherdcentres.ca](http://www.goodshepherdcentres.ca)**. Cancellation of this PAD agreement does not terminate any additional obligations that you may have with Good Shepherd Centres. An official tax receipt will be issued to you for your donations. Monthly donors will receive one receipt at the end of the year for full amount of their annual donations. Charitable Registration Number 13063 6798 RR0001.