



Ghana Rural Integrated Development
Pre-authorized Debit (PAD) Agreement

Date _____

I want to support Ghana Rural Integrated Development through monthly donations.

Please debit my bank account: (attach VOID cheque)

\$25 \$50 \$100 Other Amount (specify): \$ _____

The debit will be processed to your account on the 1st day of each month or the next business day.

Signature: _____

Donor Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Email: _____

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

I may revoke my authorization at any time, subject to providing 30 days notice in writing. 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 .

Please send this completed form, along with a VOID cheque, to:

GRID

PO Box 398

Milton, ON L9T 4Y9

Tel: 289-429-1099

Email: jlapointe@grid-nea.org

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 .