

**Canada's Voice Corporation**  
The Canadian Charger  
5-420 Erb Street West, Suite 347  
Waterloo ON N2L 6K6  
Tel: 519-746-4207 Fax: 519-746-7743  
E-mail: [adm1@thecanadiancharger.com](mailto:adm1@thecanadiancharger.com)  
Website: [www.thecanadiancharger.com](http://www.thecanadiancharger.com)

## Pre-authorized Debit (PAD) Agreement

**Event:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I want to support [*Canada's Voice Corporation*] through monthly donations.

Please debit my bank account: (*attach VOID cheque*)

\_\_\_\_\_ \$25      \_\_\_\_\_ \$50      \_\_\_\_\_ \$75      Other Amount \_\_\_\_\_ (specify)

beginning on \_\_\_\_\_ and ending on \_\_\_\_\_

(start date)

(end date)

*The debit will be processed to your account on the 18th day of each month or the next business day.*

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

### Donor Contact Information

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

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

Phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**This donation is made on behalf of:** \_\_\_\_\_ **an Individual** \_\_\_\_\_ **a Business**

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](http://www.cdnpay.ca).

Send completed form and VOID cheque to:

**Canada's Voice Corporation**  
The Canadian Charger  
5-420 Erb Street West, Suite 347,  
Waterloo ON N2L 6K6

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](http://www.cdnpay.ca)