

Canada's Voice Corporation
The Canadian Charger
5-420 Erb Street West, Suite 347
Waterloo ON N2L 6K6
Tel: 519-746-4107 Fax: 519-746-7743
E-mail: adm1@thecanadiancharger.com
Website: 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 Name: _____

Address/Contact Information: _____

Phone: _____

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.

Send 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