

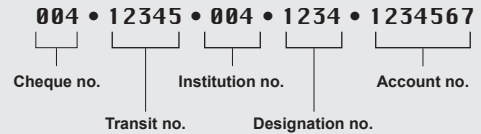
A Society incorporated under the laws of the Province of Alberta

I wish to support Gift of Wealth O/A LifeLine Edmonton through monthly bank withdrawal donations.

Please debit my bank account: (attach VOID cheque or fill out account numbers as indicated)

\$25 \$50 \$75 Other Amount: _____ (Specify)

Account no. _____
 Transit no. _____
 Institution no. _____
 Institution name: _____
 Name on account is: _____



Example of where the numbers are located on a cheque.

**Specify date payment is to
 be withdrawn from account:**

(Name start month)

The debit will be processed to your account on the day of the month selected below or the next business day, until such date that you notify us to cancel this withdrawal.

- the **FIRST** day of each month _____
- the **SEVENTH** day of each month _____
- the **FIFTEENTH** day of each month _____

Signature: _____

Donor Name: _____

Address: _____

Telephone: _____

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 20 days. To obtain a sample cancellation form, or for more information on my right to cancel a Pre Authorized Debit 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 pre-authorized debit (PAD) agreement.

To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca

I hereby give permission to have my email address included on the LifeLine mailing list: YES