



Support Nexus With Monthly Giving

Pre-Authorized Debit or Credit Card Agreement

1. My Information (please print clearly)

Name: _____

Mailing Address: _____ City & Province: _____

Postal Code: _____ Phone Number: _____

2. I want to support Nexus through a monthly donation of \$ _____

via credit card pre-authorized debit (PAD)

a. Credit Card – VISA or MasterCard

Card Number: _____ Expiry Date:(mm/yy) _____

Please charge my card on the 1st or the 20th of the month (or next business day).

b. Pre-authorized Debit

Please find my void cheque attached.

This donation is made on behalf of: an individual a business.

Please debit my account on the _____ day of the month (or next business day).

I may revoke my authorization at any time, subject to providing notice of 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.

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.

Signature of Account Holder: _____

Date: _____