



Monthly Fixed Direct Debit Donation Form

Please fill out the following form and return to Kerr Street Mission - 485 Kerr Street, Oakville, ON, L6K 3C6

Donor Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

This donation is made on behalf of: An individual A business

Monthly Donation Amount: \$ _____

The debit will be processed to our account on the 15th day of each month, or the next business day.

- Please Direct To: Area of Greatest Need
 Family Care (Food Market/Choose Fresh)
 Kerr Street After School Program (KSAP)
 Youth Development
 Neighbour Care Network

- Please: Withdraw from my bank account (*please include VOID cheque*)
 Charge my credit card (*please provide credit card information below*)

Credit Card Number (VISA , MasterCard, AMEX): _____

Name on Card: _____ Expiry: _____ / _____

You may revoke your authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, you can contact your financial institution or visit www.cdnpay.ca. You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD Agreement. To obtain more information on my recourse rights, you can contact your financial institution or visit www.cdnpay.ca.

Signature of Donor: _____

Official receipts for income tax purposes will be issued.