



Pre-Authorized Debit (PAD) Agreement

Yes! I'd like to support S.A.M. Ministries through monthly donations.

Date: _____

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

\$35 \$50 \$100 Other amount (specify)

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: _____

_____ Postal Code: _____

Telephone: _____

Email: _____

This donation is made on behalf of:

An individual A business

Please return this completed PAD Agreement along with your VOID cheque to:

S.A.M. Ministries Inc.
3715-85 St NW
Edmonton AB T6K 3R9
Tel: 780-408-3268
Email: office@samministries.org

I may revoke my authorization at any time, subject to providing 30 business days notice in writing. To obtain a sample cancellation form, or 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.

Thank you for your support!