



1.800.461.6523 | medeba.com
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Personal Pre-Authorized Debit Agreement For Donors

Thank you for your partnership with us to support the ministry of Medeba. This form is designed to make it easy for you to make donations to Medeba on a monthly basis. Please complete and sign the form and then mail, deliver or fax it along, with a personal cheque marked "void", to Medeba.

Pre-Authorized Donation Information

I(We) would like to designate funds to: _____

Donor Bank Account # _____

Banking Institution _____

Donor Name(s) 1. _____ 2. _____

Address & Postal Code _____

Email Address(es) 1. _____ 2. _____

Phone Number(s) 1.() _____ 2.() _____

I(we) authorize Medeba to process a debit in paper, electronic or other form in the amount of \$ _____ on my(our) account on the 1st or 15th (*circle one*) of each month beginning _____.

Please attach a personal cheque marked VOID

I(we) will notify Medeba in writing should I(we) desire to change or terminate this authorization. For changes to be applied, please allow at least 10 business days prior to the next due date of the pre-authorized debit.

Signature

Date

Please Note:

I(we) have certain rights if any debit does not comply with this agreement. For example, (we)I have the right to receive reimbursement for any debit that is not authorized or is not consistent with the Pre-Authorized Debit Agreement. To obtain more information on my(our) recourse rights, I(we) may contact my(our) financial institution or visit www.cdnpay.ca.

By providing personal information I(we) agree with Medeba's privacy policy as outlined in www.medeba.com/privacypolicy.html