



# RAYJON SHARE CARE of Sarnia, Inc.

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Tel: (519) 381-5929 www.rayjon.org  
Registered Canadian Charity #11910 9460RR0001  
Email : rayjonsc@gmail.com

## Pre-Authorized Debit (PAD) Agreement

PLEASE INCLUDE A VOID CHEQUE

**I want to support Rayjon Share Care of Sarnia Inc. through monthly donations.** Please debit funds from my account based on the following details:

**Amount** \$ \_\_\_\_\_

**First Withdrawal Date** \_\_\_\_\_

**Frequency** \_\_\_\_\_ monthly \_\_\_\_\_ weekly \_\_\_\_\_ yearly  
(please select ✓ one)

These payments are made on behalf of a(n): \_\_\_\_\_ individual \_\_\_\_\_ business

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

Please e-mail my tax receipt(s) \_\_\_\_\_ monthly \_\_\_\_\_ yearly

\_\_\_\_\_ Yes! Please send me a monthly e-bulletin to update me on Rayjon projects and events  
\_\_\_\_\_ No, thanks. I do not want to receive monthly e-bulletins from Rayjon.

I/we may revoke my/our authorization at any time, subject to providing notice 5 business days before the next scheduled transaction. I/we can obtain a sample cancellation form or more information on my/our rights to cancel a PAD agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we 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/our recourse rights, I/we can contact my/our financial institution.

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_