



Mahamevnawa Buddha Meditation Society

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Pre-Authorized Debit (PAD) Agreement

I would like to support Mahamevnawa Buddha Meditation Society through my:

- Monthly
 Quarterly
 Yearly

Donation to: _____

Please debit my bank account on the 1st or the 15th of the month for: _____ CAD

Please attach a VOID cheque

Start Date: ____ / ____ / ____ End Date: ____ / ____ / ____

- I wish to make my pledge indefinitely (or until cancelled in writing).

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

First Name:	Last Name:
Mailing Address:	City:
Province:	Postal Code:
Home Phone:	Business Phone:
Email Address :	

I may revoke my authorization at any time, subject to providing notice of (Payee to insert period-not to exceed 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 right 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: -----

Date: -----

Mahamevnawa Buddha Meditation Society
charitable Number: 718314529 RR 0001
Incorporation Number: S0067290