



room to explore what we believe

121 Cathedral Ave
Winnipeg, MB R2W 0W7
www.thetablewinnipeg.com

Pre-Authorized Debit Form

Please debit my bank account: \$ _____ on the:

- ☐ 15th of each month*
☐ 30th of each month*
☐ 15th AND 30th of each month*
(check one)

* The debit will be processed to your account on the selected day of each month or the next business day.

PRINT Name

Signature

Date (mm/dd/yyyy)

Address: _____

Phone: _____
E-mail: _____

This donation is made on behalf of:

☐ an Individual

☐ a Business: _____

Print Business Name

I may revoke my authorization at any time, subject to providing notice of 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 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.

Affix VOID cheque here

OR, complete the following information:

_____|_____|_____
Transit # (5 digits) Bank # (3 digits) Account # (7 or more digits)

Send a scan or photo of your completed form to klcjohnson@gmail.com

Questions or concerns? Please contact Karen Johnson (ph. 204.470.6766 or klcjohnson@gmail.com)
Thank-you for your support!