



Please use this form to arrange a Pre-Authorized Debit (PAD) automatic monthly donation from your checking account towards the work of HART:

Name: _____

Address: _____

City/Province/State: _____

Postal Code: _____

Phone: (____) _____

E-mail: _____

Payment Options:

CHECKING *Note: For checking account authorization, attach a void cheque.

I, _____ authorize my bank to make my donation by pre-authorized debit to the checking account shown below on the attached, cancelled cheque and post it to my account.

Bank Name: _____

Address: _____

City/Prov/State/PC/ZIP: _____

I would like to specifically donate towards:

Where Needed Most	Total Contribution Per Month \$ _____
Other _____	Total Contribution Per Month \$ _____
Other _____	Total Contribution Per Month \$ _____

I understand that I am in full control of my payment, and if at any time I decide to make any changes or discontinue the PAD service, I will call or write HART. Change of payment method will not affect other provisions and terms of my contract. I also understand that the PAD is scheduled on the 20th day of the month. Gifts receipted annually.

Signature: _____ Date: _____

PLEASE ATTACH A CHEQUE MARKED VOID