

AURA PRE-AUTHORIZED DEBIT FORM

Anglican United Refugee Alliance - AURA:

Date _____

I want to support AURA through

weekly _____ bi weekly _____ or monthly _____ donations.

Please debit my bank account (attach void cheque)

_____ \$25 _____ \$50 _____ \$75 Other Amount _____ (specify)

The debit will be processed to you on the _____ day of the month.

Signature _____

Donor Name _____

Address/Contact Information _____

This donation is made on behalf of _____ an Individual _____ a business

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.payments.ca

Business Address/Contact info

525 Bloor Street East

Toronto, ON M4W 1J1

(416) 588-1612

www.auraforrefuges.org

iadmin@auraforrefugees.org

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.payments.ca



Working Together To Help Refugees