

Pre-authorized Debit (PAD) Agreement		
Date:		
I want to support the ministry of Middle donations from my chequing account	East Christian Outreach Canada (MECO Canada) through monthly	y
Please debit the amount of \$	from my bank account on the	
() 1st of the month, withdrawal beginning	ing (month/year)/	
() 15th of the month, withdrawal begin	nning (month/year)/	
() Day of the month of my choice begin	nning (month/year)/	
Or as a		
()] One-time gift payable on (day/montl	h/year)/	
The debit is made on behalf of () an in	dividual () a business	
The debit will be processed to your acco	ount on the specific date (as you have authorized) or the next busine	ess day.
Signature(s)		
Donor Name:		
Address		
	E-mail:	
Please mail this form with a void cheque	e to:	
MECO Canada		
1377 Walker's Line		
Burlington, ON L7M 0Z1		

I understand that I may revoke my authorization at any time. 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 wwww.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 any contact my financial institution or visit www.cdnpay.ca

Spending of funds donated to MECO Canada is confined to Board approved programs and projects. Each restricted contribution designated towards a Board program or project will be used as designated, with the understanding that when the need for such a program or project has been met or cannot be completed for any reason determined by the Board, the remaining restricted contributions designated for such programs or projects will be used where needed.