

# Mukti Foundation

A registered non-profit organization

## Pre-Authorized Payment Agreement

I, \_\_\_\_\_, authorize the Mukti Foundation to deduct a membership fee or my share amount of \$\_\_\_\_\_ from my bank account automatically in the event of a member's death.

Bank Name	Address	Institution #	Branch Code	Account #

## Pre-Authorized Debit (PAD) Details

You, the Payor, authorize Mukti Foundation to debit the bank account identified above for the amount of \_\_\_\_\_ each time that the value of the services you have purchased, including applicable taxes, reaches that amount.

These services are for (please check one)

\_\_\_\_\_ Personal use, OR \_\_\_\_\_ Business use.

You, the Payor, may revoke your authorization at any time, subject to providing notice of 30 days.

To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit [www.payments.ca](http://www.payments.ca).

You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights, contact your financial institution or visit [www.payments.ca](http://www.payments.ca)

<b>Signature of account holder</b>	<b>Date</b>
<b>Signature of account holder:</b>	<b>Date</b>

Address	City	Postal Code	Phone Number	Email