

INTERNATIONAL JUSTICE MISSION CANADA
PRE-AUTHORIZED DEBIT (PAD) AGREEMENT



I want to support International Justice Mission Canada through monthly donations.

Please debit my bank account: (attach VOID cheque)

\$_____ (specify amount)

The debit will be processed to your account on the ___1st / ___15th of the month (check one)

Donor Signature:_____ Date:_____

PLEASE PRINT:

Name: _____

Address: _____

City/Prov/PC: _____

Phone: _____

Email: _____

This donation is made on behalf of : _____ an Individual _____ a Business

I may revoke my authorization at any time, subject to providing 15 days notice. 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.

International Justice Mission Canada

100 Fullarton Street

London, ON N6A 1K1

1.519.679.5030

Email: giving@ijm.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 the PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

I would like to receive IJM Newsletters: via email via standard mail

I would like to receive IJM Prayer Partner Updates via email