



Pre-Authorized Debit (PAD) Agreement

Mediated Learning Academy

I want to support Mediated Learning Academy through monthly donations.

Please debit my bank account (*attach VOID cheque*)

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

The debit will be processed to your account on the 1st day of each month or the next business day

Signature: _____
Date: _____
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 10 business 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

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.cdnpay.ca

When the form is complete please return mail, fax or email to:

Mediated Learning Academy
550 Thompson Avenue
Coquitlam, BC
V3K 3R9
awinstanley@mediatedlearningacademy.org
Fax: 604-931-5155