

# 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](http://www.payments.ca)

## **Business Address/Contact info**

2723 St. Clair Ave. East

Toronto ON, M4B 1M8

(416) 588-1612

[www.auraforrefuges.org](http://www.auraforrefuges.org)

[info@auraforrefugees.org](mailto:info@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](http://www.payments.ca)



Working Together To Help Refugees