



PRE-AUTHORIZED DEBIT AGREEMENT

This form is for donors who would like to make recurring donations to AURA through pre-authorized debits. After receiving this signed form and a void cheque, AURA will begin withdrawing your donation automatically according to the schedule and amount you authorize.

Donor Name: _____
Complete Address: _____

Phone Number: _____
Email: _____

I hereby authorize AURA to debit my account:

- monthly, on the (enter day number) _____ of each month.
 bi-weekly, on the (enter day numbers) _____ and _____ of each month.

For the amount of: \$25 \$50 \$100 Other: \$_____

This donation is made on behalf of: An Individual A Business

I may revoke my authorization at any time by contacting AURA, subject to providing written notice of 30 days to admin@auraforrefugees.org.

I have certain recourse rights if any debit does not comply with this agreement, including the right to receive reimbursement for any unauthorized debit. To obtain more information on my recourse rights, I may contact my financial institution or visit www.payments.ca.

Donor Signature: (typed names not accepted) _____

Date of Agreement: _____

Please submit this completed and signed form to AURA by mail or email, with a void cheque.

AURA – Anglican United Refugee Alliance
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admin@auraforrefugees.org