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Date: _____

PRE - AUTHORIZED DONATION FORM

I want to support Neighbour to Neighbour Centre (Hamilton) through monthly DEBIT donations.

Monthly DEBIT Donation

Please debit my bank account, using the attached **Void Cheque**

Monthly Amount: \$_____

The debit will be processed from your account on the **1st** or **15th** of each month or the next business day.
****Please circle the preferred date.**

Donor Name: _____

Address: _____

City, Province, and Postal Code: _____

Phone: _____

Email (optional): _____

Please provide mailing address and sign here:

Donor Signature: _____

This donation is made on behalf of: _____ an Individual OR _____ a Business ****Please check one.**

I may revoke my authorization at anytime, subject to providing notice (30 days). To obtain a sample cancellation form, or for more information on my right to cancel, 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 agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca

****Mail completed form to the address above or email admin@n2ncentre.com**

Help is just a Neighbour Away