



**12445182 CANADA FOUNDATION**  
(Also known by operating name Relighting Lives Foundation)  
**Pre – Authorized Debit (PAD) Agreement**

Please complete all sections below to authorize 12445182 CANADA FOUNDATION to initiate pre- authorized debit payments from your bank account for donations to 12445182 CANADA FOUNDATION

**Account Information** *(Please attach a void cheque) (Fill in Block Letters wherever required)*

Account holder name \_\_\_\_\_ ATM # \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Bank Name \_\_\_\_\_

Transit# \_\_\_\_\_ Institution# \_\_\_\_\_ Account# \_\_\_\_\_

**Monthly Collection Instructions**

I authorize 12445182 CANADA FOUNDATION to debit my bank account for the following amount \$ \_\_\_\_\_ on the first banking day on or after 15<sup>th</sup> of each month commencing 20\_\_.

Sponsor child/children \$30 minimum	\$
Relief of poverty	\$
Advancement of education	\$
Other charity	\$
Total	

**Authorization**

I understand that I can change or cancel my pre-authorized amounts at any time by notifying the charity's office in written or by email to [pathtopeacefoundation@gmail.com](mailto:pathtopeacefoundation@gmail.com) with 30 days' notice (*please include your ATM# also in your communication*). I understand that both 12445182 CANADA FOUNDATION and my financial institution reserve the right to terminate this PAD or my participation therein at any time.

Signature of account holder \_\_\_\_\_ Date: \_\_\_\_\_

**Fill the form and email to: [manager@relightinglives.com](mailto:manager@relightinglives.com)**