



NASHI  
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## PRE-AUTHORIZED DEBIT AGREEMENT

I want to support **NASHI** through monthly donations. This is your authorization to debit the indicated amount each and every month as a donation to NASHI until further notice.

**Please attach a blank cheque marked "VOID"**

Please indicate the monthly amount. Minimum monthly donation is \$15	
	\$15 per month (50 cents per day)
	\$30 per month (\$1 per day)
	\$60 per month (\$2 per day)
	\$90 per month (\$3 per day)
	\$_____ (amount of your choosing)

*The debit will be processed to your account on the 20<sup>th</sup> of each month or the next business day.*

**This donation is made on behalf of: \_\_\_\_\_ an Individual \_\_\_\_\_ a Business**

Donor Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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.cdnpay.ca](http://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](http://www.cdnpay.ca)

**NASHI is a Registered Charity (#853912194RR0001).**

Charitable donation income tax receipts for pre-authorized debit transactions will be issued annually by the end of February of each year.