



European Missions Inc.
PO Box #20077
Newcastle, ON
L1B 2A0
905 242 5789

Please complete the Pre-Authorized Debit (PAD) Plan agreement below and mail it to the address above. Thank you!

I/we authorize European Missions Inc. and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising. Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 1st day of each month. European Missions Inc. will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until European Missions Inc. has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.payments.ca European Missions Inc. may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.payments.ca

This monthly gift is designated for: _____
(name of project or associate)

PLEASE PRINT

DATE: _____

Name(s): _____ Account Number: _____

Type of Service: Personal ___ Business ___

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Number: _____ (Cell.) _____

Monthly Gift Amount: \$ _____ **To be withdrawn each month on the (circle one): 1st or 15th**
 (If no choice is specified, we will assume 1st of each month)

Financial Institution (FI): _____

FI Account Number: _____ FI Transit Number: _____
(Branch -5 digits; FI - 3 digits)

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Authorized Signature(s): _____