

Work For All

A Public Foundation Incorporated in 2009

Alleviating Systemic Poverty

PRE-AUTHORIZED DEBIT AGREEMENT

1. Company Information

We want to support Work For All through monthly donations of \$50.

Company Name: _____

Street Address: _____

City: _____

Province: _____

Postal Code: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

2. Bank Account Information

Bank Account #: _____

Bank #: _____

Transit #: _____

Account Type: _____

Chequing Account

Savings Account

Bank Name: _____

Branch Address: _____

3. Pre-Authorized Debit Details

I authorize Work For All to debit my bank account identified above for \$50 on the 30th day of every month or the next business day. I may revoke my authorization at any time, subject to providing 30 days notice, by calling 1-877-898-3494 or by emailing donations@workforall.org. I have certain recourse rights to receive reimbursement for any debit that is not authorized or does not comply with this agreement. Work For All is a Registered Charitable Foundation and UN Partner. A tax receipt will be issued annually for all donations.

Authorized Signature: _____

Name & Title: _____

Date: _____

Send Completed Form To:

Work For All

53113 RR 211, Ardrossan, AB T8G 2C5 Canada

Email: donations@workforall.ca

Fax: (866) 424-0953