



PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

DATE: _____

I want to support CHIPROMS INC., through monthly donations.

PLEASE debit my bank account: (*attach VOID cheque*) if sending by mail to the address below.

OR

Email completed form with a *scanned copy of your VOID cheque* to treasurer@chiproms.com

___\$25 ___\$50 ___\$75 Other Amount _____(specify)

The debit will be processed to your account on the 15th day of each month or the next business day.

Signature: _____

Donor Name: _____

Address/Contact Information: _____

This donation is made on behalf of : _____an Individual _____a Business

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

CHIPROMS INC.

6 Leslie Avenue

Barrie, ON

L4N 9N8

Tel: 1-416-907-9925

E-mail: info@chiproms.com

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 the PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

Spending of funds is confined to programs and projects approved by CHIPROMS INC. Should a donor choose to restrict a contribution for use in a particular program or project, we will honor that restriction, with the understanding that, when the need for such a program or project has been met, or cannot be completed for any reason as determined by CHIPROMS INC., the remaining restricted contributions will be used where most needed. 15% of all donations are designated to Administration Costs.

OFFICIAL RECEIPTS – Current minimum amount for the issuance of official receipts is \$20.00

REGISTERED CHARITY NUMBER is (BN) 83344 4144 RR0001