

**CANADIAN**  
**PRE-AUTHORIZED DEBITS (PAD)**  
**FROM YOUR CHECKING ACCOUNT**

TO: AFG (Canada) Inc., Registration Number 87011 9351 RR0001

I (We) hereby authorize AFG (Canada) Inc., Dare Corp Business Centre, 275 Slater, Suite 900, Ottawa ON K1P 5H9 to initiate a DEBIT entry to my (our) checking account indicated below on a monthly basis in the amount of \$ \_\_\_\_\_ and starting on the 20<sup>th</sup> of \_\_\_\_\_ . This shall be considered a personal charitable donation (Personal PAD).  
(month) (year)

**INFORMATION ABOUT YOUR BANK** (Please attach a VOID cheque to confirm the information)

NAME OF YOUR BANK \_\_\_\_\_ BRANCH \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_  
INSTITUTION # \_\_\_\_\_  
TRANSIT # \_\_\_\_\_ ACCOUNT# \_\_\_\_\_

**Terms and Conditions:**

You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights, you may contact your financial institution or visit the Canadian Payments Association's website at [www.cdnpay.ca](http://www.cdnpay.ca).

This agreement may be cancelled at any time with a 30 day notice by writing or emailing the Director of Finance at 1600 Corporate Landing Parkway, Virginia Beach, VA or emailing [wso@al-anon.org](mailto:wso@al-anon.org). To obtain a copy of a cancellation form or for more information regarding your right to cancel a pre-authorized debit agreement, please consult with your financial institution or visit the Canadian Payments Association's website at [www.cdnpay.ca](http://www.cdnpay.ca).

**By signing this form, you hereby waive any pre-notification requirements as specified by section 15 (a) of the Canadian Payments Association Rule 1 with regards to pre-authorized debits.**

You confirm that all persons whose signatures are required to authorize transactions in the bank account specified have signed this agreement.

YOUR NAME(S) \_\_\_\_\_ and \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_  
YOUR SIGNATURE(S) \_\_\_\_\_ and \_\_\_\_\_  
DATE \_\_\_\_\_

**TO ENSURE PROPER RECORDING PLEASE INCLUDE :**

YOUR AFG IDENTIFICATION # \_\_\_\_\_  
YOUR TELEPHONE # ( ) \_\_\_\_\_

To make inquires, obtain information, or seek recourse, please contact Customer Service by one of the following methods: by mail at AFG, 1600 Corporate Landing Parkway, Virginia Beach, VA 23454, by phone 757.563.1600, or email [wso@al-anon.org](mailto:wso@al-anon.org).