TABOR HOME FUND INC.
Pre-authorized Debit (PAD) Agreement

Please debit my bank account:

_____ $25.00 **Start Date:** _____

_____ $50.00

_____$75.00 **End Date:** _____

_____OTHER AMOUNT $_____

This debit will be processed to your account on the 5th day of each month or the next business day.

Signature: _____

Donor Name: _____

Address: _____

Town: _____ Province _____ Postal Code_____

Telephone: _____ Email: _____

This donation is made on behalf of: _____ an Individual _____ a Business

I may revoke my authorization at any time, subject to providing notice of 10 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.

Further information regarding the Fundraising Campaign can be obtained at:

TABOR HOME FUND INC.
230 – 9th Street South
Morden, MB. R6M 1Y3
Tel: 1-204-822-3370

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.

A Tax Deductible receipt will be issued for donations of $20 or more.
Tabor Home Fund Inc. registration number: #875765794RR0001.

(after completion of this form please attach a void cheque and mail to above noted address)