

**SUMMER: 260 Sugar Lake Road Walford, ON P0P 2E0 [www.campabk.com](http://www.campabk.com)**  
**OFF-SEASON: Box 265 Gore Bay, ON P0P 1H0 [bryan@campabk.com](mailto:bryan@campabk.com)**

**Pre – Authorized Debit (PAD) Agreement**

I want to support Aush-Bik-Koong Bible Camp through monthly donations.

Please debit my bank account: (please attach VOID cheque)

\$10       \$15       \$20       \$30       \$ Other: \_\_\_\_\_

*I authorize Camp Aush-Bik-Koong to debit my account on the 15<sup>th</sup> day of each month or the next business day for payment of my monthly pledge.*

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

**Personal Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Address 1 \_\_\_\_\_  
 Address 2 \_\_\_\_\_  
 City \_\_\_\_\_ Province \_\_\_\_\_  
 Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_  
 Email \_\_\_\_\_

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](http://www.cdnpay.ca). To cancel this authorization at any time, please give written notice to the address below, or by calling Barry Peake at (705) 840-2829.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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](http://www.cdnpay.ca).

**Remittance Information**

Please remit this form and VOID cheque to:

\_\_\_\_\_  
 Camp Aush-Bik-Koong  
 c/o Barry Peake, Treasurer  
 86 Strathcona Drive  
 North Bay, Ontario P1A 2N3  
[barry\\_peake@yahoo.ca](mailto:barry_peake@yahoo.ca)