I wish to support Pedal Foundation through monthly donations! Please debit my bank account (attach void cheque below): □\$10 □\$20 □\$25 □\$50 □Other amount \$_____(specify) I understand this donation debit will be processed through my account on the 1st day of each month or the next business day. Name _____ Address _____ Signature Date 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. 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. You may cancel or change this PAD Agreement by sending an e-mail to foundation@ourcommunitybikes.org or by contacting us at the phone number or address below.

Attach a void Cheque here