



By contributing monthly to Hamilton Food Share, you will make a difference!

Every \$1 donated raises \$5 worth of food to help feed individuals and families in need.

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

**Yes!** I wish to support Hamilton Food Share through monthly donations.

Please debit my bank account for the amount of:

\$20.00     \$30.00     \$40.00     Other (please specify) \_\_\_\_\_

The charge will be processed each month on the:     1<sup>st</sup> of the month     15<sup>th</sup> of the month

This donation is made on behalf of:     an individual     a business

*I may revoke or change my authorization at any time by contacting Hamilton Food Share, 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).*

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

***\*\*Please attach a void cheque with this form\*\****

Name: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

Bank Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Tel No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***For further information please contact:***

Hamilton Food Share

(905) 664-9065

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[www.hamiltonfoodshare.org](http://www.hamiltonfoodshare.org)