



# We've Got Your Back Foundation Inc.

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Email: [backpack@wgyb.ca](mailto:backpack@wgyb.ca)

Date: \_\_\_\_\_

**I want to support We've Got Your Back Foundation Inc. through monthly donations.**

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

\_\_\_ \$40                      Other Amount \_\_\_\_\_ (specify)

*The debit will be processed to your account on the 20th day of each month or the next business day.*

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

Address/Contact Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

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

I may revoke my authorization at any time, subject to providing 30 days' notice. 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.payments.ca](http://www.payments.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.payments.ca](http://www.payments.ca).