



Lanark County Food Bank – The Hunger Stop
PRE-AUTHORIZED MONTHLY DEBIT FORM

DONOR'S INFORMATION

Name: _____

Mailing Address: _____

Phone #: _____

Email (optional): _____

FINANCIAL INSTITUTION INFORMATION

Name of Bank: _____

Bank Address: _____

Route (3 digits): _____ Account #: _____ Transit (5 digits): _____

Please attach a void cheque for verification purposes.

DONATION INFORMATION

I authorize the Lanark County Food Bank to process a debit in the amount of \$ _____ on the account above on the _____ day of every month, commencing in the month of _____, 20____.

You may enter an end date if you wish. Donation to end in the month of _____, 20____.

The purpose of this Pre-Authorized Debit (PAD) is for donations. I understand and agree that I will be responsible for any costs which may be incurred to cancel, recall or stop payment on this direct transfer. As well, any charges that result from not stopping this transfer will be my expense. I will inform Lanark County Food Bank – The Hunger Stop, in writing, of any change in the information provided on this form prior to the next due date of the PAD.

Date: _____ Signature: _____

Monthly receipts will be issued.