



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: \_\_\_\_\_

*Annual receipts will be issued.*