

Payers Pre-Authorized Debits Agreement

1. Customer Information.

Name: **SHREE SHIVKRUPANAND SWAMI FOUNDATION, CANADA**
Account Number: **03221-1008325**
Street Address: **Royal Bank of Canada, 226 Water St, St. John's, NL A1C 1A9**
Telephone Number: **(709) 576-4222**

2. Bank Account Information:

Your Account number _____
Branch Transit Number _____
Financial Institution Number _____
Select one: Chequing ___ Savings ___
Financial Institution: Name _____
Branch Address _____

3. Pre Authorized Debit (PAD) Details:

You the payer authorize SHREE SHIVKRUPANAND SWAMI FOUNDATION, CANADA to debit the bank account identified above for \$ _____ on the 18th of each month or the next business day.

These services are for (Check one) Personal Use ___ or Business Use ___

You the Payer may revoke your authorization at any time in writing subject to providing notice of 30 days. To obtain a cancellation form or for more information on your right to cancel a PDA Agreement contact your financial institution or visit www.cdnpay.ca

Signature of Account Holder

Signature of join Account Holder (If applicable)

Name: Please print _____

Date: _____

You have certain recourse rights if any debit does not comply with this agreement. E.g. You 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 your recourse rights, contact your financial institution or visit www.cndpay.ca

When the form is completed, please mail to: Shree Shivkrupanand Swami Foundation Canada

91 Penney Crescent, St. John's, NL, A1A 5L8