*Human Emergency and Rehabilitation Trust*

*5978 Couples Street, Mississauga, ON L5V2Z5,*

*Email:* [*info@heartcanada.ca*](mailto:info@heartcanada.ca)

*Phone: 416 402 6444*

Name: Human Emergency and Rehabilitation Trust Inc.

Bank Account: 0004-0262- 7876- 5238671

Mailing Address: 5978 Couples Street

City: Mississauga Province: Ontario Postal code: L5V 2Z5

Telephone Number: 416 402 6444

Bank account Information

Deposit account Number: ------------- Branch Transit Number: ------------

Financial Institution Number ------------- Account Type (specify if chequing or Saving): -------------

Financial Institution Name: ---------------------

Branch address: ------------------------------------------------------------------------------------------------------

I/we authorize Human Emergency and Rehabilitation Trust Inc. (HEART) to begin deduction $20 from my/our bank account as per my instructions for monthly contribution towards HEART membership fees. This contribution is for **personnel reason** to support activities of the HEART. This authority is to remain in effect until HEART has received written notification from me/us of its change or termination. This notification must be received at least ten (15) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca/). Please enrol me as a HEART supporter starting next month as a regular monthly contributor to HEART

----------------------------------- ---------------------------------------------------------

Signature of Account Holder Signature of Joint Account Holder if applicable

------------------------------------ ---------------------------------------------------------- Name (Please Print) Name (Please Print) if applicable

Date: ------------------------------- Date: ------------------------------

Address: -------------------------------- Address: -------------------------------

Phone: -------------------------------- Phone: -------------------------------

Email: ------------------------------------- Email: --------------------------------

You have certain rights if any debt does not comply with this agreement. For example, 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.cdnpay.ca](http://www.cdnpay.ca/)

Guarantee: You may cancel or change your monthly contribution at any time for any reason by informing HEART at the address noted above.