



AGREEMENT PRE AUTHORIZED DEBIT PLAN

By this Agreement I want to provide monthly donations to:

- The Yukon NDP Territorial Party:
 - \$10 \$15 Other: (specify) (\$10 minimum)
- The New Democratic Party of Canada – Yukon Riding Association:
 - \$10 \$15 Other: (specify) (\$10 minimum)

BY CHEQUE (*Attach VOID cheque*)

OR

BY VISA

Card #: Expiry Date:/.....

Name on Card (*Please Print*):

This donation is made on behalf of: An Individual A Business

Such cheques or VISA charges are to be drawn and issued:

First of each month OR Fifteenth of each month.

Start my Pre-authorized Debit:

As soon as possible OR Month of:, 20.....

Name (*Please Print*): Phone:

Mailing Address:

Date: Signature:

I understand that I may revoke my authorization at any time, subject to providing written notice of 30 days. To obtain a sample cancellation form, or for more information on my right to cancel a Pre-Authorized Debit Plan Agreement, I may contact the YNDP Treasurer or my financial institution, or visit www.cdnpay.ca.

I understand that 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 agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

REVISED February 2010