

PAYOR'S AUTHORIZATION FOR PRE-AUTHORIZED DEBITS FOR Victory Community Development Society (VCDS)

1. **PAYOR'S NAME AND ADDRESS** – Please print

I want to support Victory Community Development Society through monthly donations and confirm that the following information is accurate.

Mr. Mrs. Ms. Miss	Surname	First Name
Street		
Town	Postal Code	Telephone Number

Please debit my bank account starting the ____ day of ____ month (VOID cheque attached)

____ \$30 ____ \$50 ____ \$75 Other Amount _____ (specify)

The debit will be processed to your account on the 1st or 15th day of the month or the next business day.

Name of Payor's Financial Institution (the "Processing Institution")		
Street		
Town	Postal Code	Telephone Number
Account Number	Branch Transit Number	

I/We will inform the Payee, in writing, of any change in the information provided in this section of the Authorization prior to the next due date of the PAD.

2. **PAYEE'S NAME AND ADDRESS**

Victory Community Development	
#99-16655 64 th Avenue, Surrey, BC V3S 3V1	Tel: 778-571-0063

3. I/We may cancel my authorization at any time upon providing written notice to the Payee 15 days prior to the next withdrawal date of the 18th of the month. I/We 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 PAD Agreement. To obtain a sample cancellation form or more information on my recourse rights and on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca.

4. I/We understand and accept the terms of participating in this PAD plan.

(Authorized Signature)

(Date)

(Payor Name in full)

E-mail address (Please write each alphabet clearly)