

Pre-authorized Debit (PAD) Agreement

1. Payor Information (Please print clearly)		
Name:		
Mailing Address:		
City:	Province:	Postal Code:
Telephone Number:		
2. Bank Account l	nformation	
Payor Account Number:		
Debit Amount: \$		
Branch Transit Numb	er:	
Financial Institution N	lumber:	Chequing Savings
Financial Institution:	Name	
	Branch Address	
Transaction Date:	From://///	/// ymm dd yyyy
Please attach a void cheque.		
3. Payee Information (Office only)		
Internet for Humanity Society		
Account #:	0 5 0 0 9 6 7	Branch Number: <u>42</u>

Internet Humanity Internet for Humanity Society

4. Pre-Authorized Debit (PAD) Details

I/We authorize Internet for Humanity Society and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Internet for Humanity Society account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the <u>15th</u> day of each month. These services are for tax-receipted charitable contributions.

These services are for (check one) _____ personal or _____ business purposes.

Internet for Humanity Society will obtain my/our authorization for any other one-time or sporadic debits and provide me with 10 calendar days written notice prior to any debits. This authority is to remain in effect until Internet for Humanity Society has received written notification from me/us of its change or termination. This notification must be received at least thirty 30 calendar 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.

In the case of variable amount PADs, Internet for Humanity Society will provide 10 days written notice prior to any changes in the fees and/or its schedule.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca

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

Signature of Account Holder

Name (Please print)

Signature of Joint Account Holder (if appropriate)

Name (Please print)

Date

Date

When the form is complete, submit to:

Internet for Humanity Society Box 52020, Beacon Ave RPO Sidney, BC V8L 5V9 Email: <u>info@i4h.ca</u> Fax: 250-655-6590

Submission by Email or Fax is encouraged Questions? Call 250-655-6590 or send email