

## Pre-Authorized Debit (PAD) Agreement

*I wish to support the Victoria Brain Injury Society through monthly donations*

**Victoria Brain Injury Society (VBIS)**

C100-633 Courtney Street

Victoria BC, V8W 1B9

Tel: (250) 598-9339

E-mail: [admin@vbis.ca](mailto:admin@vbis.ca)

**Date:** \_\_\_\_\_

***Please debit my bank account the following amount (attach a void Cheque):***

\$10    \$20    \$25    \$50       Other (please specify): \$\_\_\_\_\_

***Payee Account information (or attach a void Cheque)***

Transit: \_\_\_\_\_      Route: \_\_\_\_\_      Account #: \_\_\_\_\_

Institution: \_\_\_\_\_

***I would like this donation to be processed through my account on the:***

1<sup>st</sup> day of the month       15<sup>th</sup> day of the month

**Signature:** \_\_\_\_\_

**Donor name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

This Donation is made on behalf of:  an individual       A business

*I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca). 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 PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).*