



### Pre-Authorized Debit (PAD) Agreement

I would like to donate the amount below on a \_\_\_\_ monthly or \_\_\_\_ one-time basis:

\_\_\_\_ \$10 \_\_\_\_ \$20 \_\_\_\_ \$30 or Other amount \$\_\_\_\_\_ (specify)

\_\_\_\_ Please deduct these funds from my bank account (attach void cheque below).

\_\_\_\_ I prefer to make this contribution via credit card. [Note: credit card companies charge significant fees to the Green Party of Vancouver as a vendor. *The best way for your donation to have the most impact is to donate via your bank account, rather than credit card.* However, we are happy to accept your donation in the manner most convenient for you. Thank you!]

Name on Card \_\_\_\_\_ Credit Card Number \_\_\_\_\_

Expiry Date \_\_\_\_/\_\_\_\_ CVV Number (on back of card) \_\_\_\_\_

I understand this donation debit will be processed through my account on the 1<sup>st</sup> day of each month or the next business day.

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

This donation is made on behalf of \_\_\_\_ an Individual \_\_\_\_ an Organization or 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). You may cancel or change this PAD Agreement by the phone number or address below:

Attach Void Cheque Here