



T | 604.872.8212 F | 604.876.8450 E | info@rapereliefshelter.bc.ca

www.rapereliefshelter.bc.ca

**Pre-authorized Debit Agreement (PAD Agreement)**

**I wish to support Vancouver Rape Relief and Women's Shelter through monthly personal PAD donations.**

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

**Payor Information (Please print clearly)**

Name

Mailing Address

Phone Number

City

Province

Postal Code

**Payor Bank Account Information ("Account") and Payment Details**

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Transit Number

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Institution Number

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Account Number

*Please attach a void cheque.*

Financial Institution Name

Financial Institution Branch Address

Debit Amount

\_\_\_ \$20 \_\_\_ \$30 \_\_\_ \$50 \_\_\_ \$100

\_\_\_ other: \$ \_\_\_

Account Type

**Chequing**

**Savings**

Regular monthly donations will be debited from my/our specified Account on the

\_\_\_ 1<sup>st</sup> day of each month **OR** \_\_\_ the 15th of each month

Beginning on (MM/DD/YYYY): \_\_\_\_\_

**Confirmation and Pre-notifications:** Vancouver Rape Relief and Women's Shelter, at least 10 calendar days before the due date of the first PAD, provide me/us a confirmation in accordance with Rule H1. For fixed-amount, set interval PADs (e.g., monthly PADs) Vancouver Rape Relief and Women's Shelter, will provide me/us with 10 days' prior written notice specifying the amount and date of the next PAD before any changes are made to the fixed amount PAD and of any change to the scheduled payment date(s), unless an exception under Rule H1 applies. Vancouver Rape Relief and Women's Shelter will not change the amount or day without your instruction.

**Authorization:** I/We acknowledge that this PAD Agreement is provided for the benefit of Vancouver Rape Relief and Women's Shelter, as the payee, and is provided in consideration of Vancouver City Savings Credit Union agreeing to process debits against the Account (designated above) with my/our financial institution (or any other financial institution I/we may authorize at any time) in accordance with CPA rules.

I/we confirm that we have authority under the terms of my/our Account agreement to authorize this debit arrangement.

By signing this PAD Agreement, I/we acknowledge having received and read a copy of this PAD Agreement, including the terms contained herein; I/we acknowledge that I/we understand the terms of this PAD Agreement; and I/we agree to be bound by the terms of this PAD Agreement.

I/we authorize at any time in the Transaction Date period indicated above, for PADs to be drawn on my/our Account according to this PAD Agreement.

I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed this PAD Agreement.

**Cancellation of PAD Agreement:** I/we acknowledge that I/we may revoke, change or cancel my/our authorization under this PAD Agreement at any time in writing to Vancouver Rape Relief and Women's Shelter. I/we understand and accept that this notification must be provided to Vancouver Rape Relief and Women's Shelter at the contact information indicated below at least 30 calendar days before the next debit is scheduled.

Upon providing a notice of cancellation or revocation of authority, Vancouver Rape Relief and Women's Shelter will cease issuing in accordance with Rule H1.

To obtain a sample cancellation form, or for more information about my/our right to cancel this PAD Agreement, I/we acknowledge that I/we can contact my/our financial institution or visit [www.payments.ca](http://www.payments.ca).

**Recourse/Reimbursement:** I/we acknowledge that 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 debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.payments.ca](http://www.payments.ca).

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

Signature of Account Holder  <b>X</b> .....	Name
	Date
Signature of Joint Account Holder (if appropriate)  <b>X</b> .....	Name
	Date

Note: If only one (1) signature is required for the Payor Account, then only 1 Payor signature is required to sign this PAD Agreement. If two (2) or more signatures are required for the Payor Account, then both or all Payors must sign this PAD Agreement.

**Vancouver Rape Relief Society**  
**PO Box 21562, 1424 Commercial Drive**  
**Vancouver, BC V5L 5G2**  
**Email: [info@rapereliefshelter.bc.ca](mailto:info@rapereliefshelter.bc.ca)**  
**Phone #: (604) 876-0872**