

# Pre-Authorized Debit Agreement



## Your Information

Name(s):
Address:
Telephone Number(s):
Email:

In an effort to save paper we mail out newsletters four times per year, all other updates from Child of Mine are sent by email.

## Payment Information

Your donation will be charged monthly on the 16th of the month.

- Partnership** (select one)  \$250/month  \$100/month  
 \$50/month  \$25/month  
 Other \_\_\_\_\_

## Banking Information

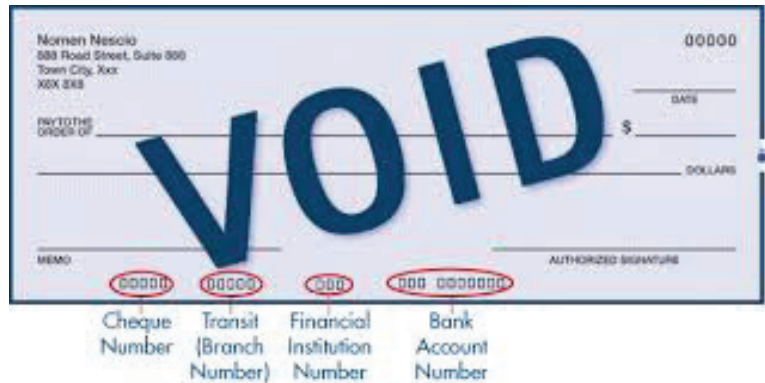
ATTACH A VOID CHEQUE

OR PROVIDE THE FOLLOWING ACCOUNT INFORMATION:

Transit (Branch Number): \_\_\_\_\_

Financial Institution Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_



Please continue on back of page



# Pre-Authorized Debit Agreement Continued



I/we authorize Child of Mine to withdraw money from my/our bank account in accordance with the monthly amount indicated.

I/we understand that this is a Personal Pre-Authorized Debit Agreement (charity donations), as opposed to a Business or Funds Transfer Pre-Authorized Debit Agreement.

I/we understand that my/our commitment is for the amount indicated above.

I/we understand that I/we have the right to cancel or change this authorization at any time with five business days notice. I/we may obtain a sample cancellation form, or more information on my/our right to cancel this Agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca)

I/we will notify Child of Mine if our personal contact information changes (e.g. name change, address change, etc). I/we will notify Child of Mine if our banking information changes.

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 Pre-Authorized Debit that is not authorized or is not consistent with the terms of this Agreement. To obtain more information on my/our recourse rights I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_

Once completed, please scan and email the document to: [info@childofmine.ca](mailto:info@childofmine.ca) or fax to 1-866-268-3671 or mail it to 201-2307 Enterprise Way, Kelowna BC V1X 7E1

Office Use Only:                      MC                      Child                      Mail                      BMO                      Excel

