



Pre-authorized Debit Agreement (PAD Agreement)

Thank you for your support of West Coast LEAF! To start your monthly donation, please fill out this form and return to the mailing address above.

1. Donation information- please print or type clearly

Monthly donation amount: \$ _____

Donor name: _____

Street address: _____

City: _____ Province: _____ Postal code: _____

Phone: _____ Email: _____

2. Donor's financial institution information- please print or type clearly

Name of financial institution _____

Include a voided cheque or direct deposit form from your financial institution

3. Pre-authorized debit details- please print or type clearly

Under this Personal PAD, you, the Payor, authorize **West Coast LEAF** to debit this donation amount from your bank account **on the 15th of every month or the next business day**. You, the Payor, confirm that you have authority under the terms of your account agreement to authorize this debit.

This PAD will be processed using Automated Funds Transfer (AFT) via West Coast LEAF's financial institution: Vancity Credit Union.

You may revoke your authorization at any time in writing or by phone at the address or phone number above, subject to providing notice of 30 days. West Coast LEAF may also cancel this PAD with not less than 30 days' notice to you.

You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights, you may contact your financial institution or visit www.payments.ca.

Signature of Account Holder _____

Signature of Joint Account Holder (if applicable) _____

Name(s) (please print) _____

Date _____