

Pre-Authorized Debit (PAD) Agreement

1. Donor Information (Please Print Clearly)

Office Use

Name _____

Street Address _____

City _____

Province _____

Postal Code _____

Telephone Number () _____

2. Bank Account Information: Please attach voided cheque **or** have your bank complete this section.

Deposit Account Number:

Bank Transit Number:

Financial Institution Number:

Chequing

Savings

Financial Institution:

Name

Branch Address

3. Pre-Authorized Debit (PAD) Details

You, the Donor, authorize VOAR to debit the bank account identified above for

\$

Insert regular donation amount

on the **30th** of every month or the next business day

These services are for (check one)

Personal

Business Use

You, the Donor, may revoke your authorization at any time in writing or by email subject to providing notice of not less than three weeks prior to date of withdrawal. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit **www.cdnpay.ca**.

Signature of Account Holder

Signature of Joint Account Holder (if applicable)

Name (please print)

Name (please print)

Date

Date

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 consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit **www.cdnpay.ca**.

When the form is complete, mail or fax to:

VOAR

1041 Topsail Road

Mount Pearl, NL A1N 5E9

Tel: (709) 745-8627 Toll Free: 1-888-740-8627

Fax: (709) 745-1600

E-mail: voar@voar.org