Pre-Authorized Debits (PADs) Rule H1
Payor's PAD Agreement

Couples for Christ Date: _____

I want to support Couples for Christ, BC, Canada, through monthly donations.

Please debit my bank account: (attach VOID cheque)

___ $25 ___ $50 ___ $75 Other Amount: $_____ (specify)

___ New/Updated amount ___ Addition to current donation

The debit will be processed to your account on this selected schedule: (Please mark with a √ mark.)
( ) 15th day of each month ( ) end of the month ( ) 15th and 30th of the month.

Signature: _____

Donor Name: _____

Phone: _____

Email: _____

Address: _____

City, Province: _____

Postal Code : _____

Area/Sector: _____ Chapter: _____

This donation is made on behalf of : ____ an Individual ____ a Business

I may revoke my authorization at any time, subject to providing notice of Payee (to insert period – not to exceed 30 days). To obtain a sample cancellation form or for more information on my rights to cancel a PAD agreement, I may contact my financial institution, or visit www.cdnpay.ca.

Couples for Christ
250 – 2981 Simpson Road
Richmond, BC V6X 2R2
Tel: 604-270-9463
Email: cfcvan@cfc.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.