



PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

This donation is made on behalf of a (n): Individual Business Church

General Information

Full Name: _____
First Middle Last

Organization/ Business Legal Name: _____

ADDRESS

Street: _____ Unit No. _____

City: _____ Postal Code: _____ Province: _____

Main Phone: _____ Email Address: _____

** Annual tax receipts will be sent in February at the email address you provide, unless otherwise requested.*

Check the box below to receive Hope Story ministry updates & newsletters via email:

YES! Please add me to Hope Story`s mailing list. (You can unsubscribe at any time)

Donation Details

Amount: _____ **Frequency:** One-Time Monthly Quarterly Annually

Reason for Giving: Child Sponsorship Program Support Missionary Support General Giving

Please Specify (Name/Site/Country) _____

Payment Start Date: The 15th of (MM/DD/YYYY):

Payment End Date: Until I provide notice of cancellation OR on (MM/DD/YYYY): _____

Account Information

Account Holder Full Name: _____

Account Type: (Select one) Chequing Savings

Please select one of the following options:

Please use the bank account information currently on file with Hope Story.

I have attached a void cheque or Direct Deposit form from my bank.

Please use the following account information:

Branch/Transit #: Bank #: Account #:

Authorization

I/we agree to the terms and conditions outlined in the second page of the Pre-Authorized Debit Agreement and acknowledge that the authorization is to allow Hope Story to debit funds from the bank account identified above for recurring payments and/or one-time payments.

Authorized Signature

Date

Full Name (Please Print)



Pre-Authorized Debit Agreement: Terms and Conditions

I/we authorize Hope Story to debit the bank account identified above for the amount indicated, at the frequency specified and beginning on the date noted above. Hope Story will obtain my/our authorization for any other one-time or regular recurring debits.

I/we warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the account have signed this Authorization.

This authority is to remain in effect until Hope Story has received written notification from me/us of changes or termination. I/we understand that this notification must be received by Hope Story at the mailing address or email address provided below **at least fifteen calendar days** before the next charge is scheduled. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my financial institution or by visiting www.cdnpay.ca.

I/we agree that by signing this PAD Agreement I/we do not require advance notice of the amount or date of the first PAD to be made from my/our account.

If any PAD is dishonoured by my/our financial institution for any reason, including 'non-sufficient funds' or 'funds not cleared', Hope Story is entitled to re-attempt the PAD electronically on a one-time only basis for the same amount as the original debit without advance notice and such item may only be re-presented within 30 days of the failed or dishonoured debit.

I/we undertake to provide Hope Story with updated account information no later than 15 days prior to the next authorized debit should any of the account information listed here change while this PAD Agreement is still in effect.

In the event that the amount of this PAD changes, Hope Story will provide me/us with written notice identifying the new amount at least 30 calendar days before the first PAD for that amount.

I/we have certain recourse rights if any debit does not comply with this agreement. I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.