



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.

Email to admin@hopestory.ca

OR

**Mail to
Hope Story
3-55 Fleming Drive
Cambridge, ON N1T 2A9**