



# Village of Hope Inc.

New Brunswick ,Canada

<b>Credit Card Type:</b> <b>Visa</b> <b>Mastercard</b> <b>American Express</b>  <b>Credit Card Number:</b>  <b>Expiry Date:</b>  <b>3 Digit code on back of card:</b>  <i>Please notify our office of any changes to your credit card as soon as possible so we may process transactions with updated information.</i>
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## Preauthorized Credit Card (PACC) Agreement

**AUTHORIZED MONTHLY CHARGES TO MY CREDIT CARD IN THE AMOUNT OF: \$\_\_\_\_\_**

All Preauthorized Credit Card Monthly donations are processed on the 5<sup>th</sup> of every month.

**Date Commencing:** \_\_\_\_\_  
DD/MM/YY

**Final Payment Date:** \_\_\_\_\_  
DD/MM/YY

Name: \_\_\_\_\_

Business Name: (If applicable): \_\_\_\_\_

Address/Contact Information: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

**This donation is made on behalf of :**    \_\_\_\_\_ **an individual**        \_\_\_\_\_ **a business**

I may cancel my authorization at any time, subject to providing notice of ten (10) days. 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](http://www.cdnpay.ca) You have certain recourse rights if any debit does not 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 Obain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

### When This Form is Complete Please Mail To:

**Village of Hope Inc.  
1100 Back Tracy Rd.  
Upper Tracy, NB  
E5L 1H7**

**Telephone: (506)368-2600**

**email: [info@villageofhopeNB.ca](mailto:info@villageofhopeNB.ca)**