



Village of Hope Inc.
New Brunswick, Canada

Preauthorized Debit (PAD) Agreement

I wish to support Village of Hope through monthly donations in the amount of:
\$ _____

Please Debit my bank account: on the 1st of each month on the 15th of each 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: _____ Date: _____

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

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 Obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca

To Ensure Accuracy, Please attach a specimen cheque marked “VOID”

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

Fax: (506)368-7317