

Vancouver/Fraser Valley CoSA

Operated by: **Catholic Justice Services Society**

2777 Townline Road

Abbotsford, BC

V2T 5E1

Pre-Authorized Debit (PAD) Agreement

I/We want to support Vancouver/Fraser Valley CoSA through monthly pre-authorized debit donations.

Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ E-Mail Address: _____

PLEASE DEBIT MY BANK ACCOUNT AS FOLLOWS:

Total Monthly Contribution: \$ _____ Commencing: (mm/yyyy) _____

Bank Name: _____

Bank Branch Address: _____

Account Number: _____ Transit Number: _____

Please attach a void cheque if available.

I/We may revoke my/our authorization at anytime subject to providing 30 days notice.

The debit will be process to my account on the 1st day of each month.

I/We agree that for the purpose of this agreement all pre-authorized debits from my/our account will be treated as personal.

Signature: _____ Date: _____

This program is administered by Catholic Justice Services Society through a third party provider.