**Pre-authorized Debit Agreement (PAD Agreement)**

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| **1. Payor Information (Please print clearly)** | | |
| Name  … | | |
| Mailing Address  … | | Phone Number  … |
| City  … | Province  … | Postal Code  … |
| **2. Payor Bank Account Information (“Account”) and Payment Details** | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | ... | ... | ... | ... | ... |  |  |  | ... | ... | ... |  |  |  | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |   Transit Number Institution Number Account Number | | |
| Financial Institution Name  **Enter Financial Institution Name** | | |
| Financial Institution Branch Address  **Enter Financial Institution Branch Address** | | |
| Debit Amount  **Fixed** at $**Enter Amount** per month | Account Type  **Chequing**  **Savings** | |
| Transaction Date  **Starting From:**  **Enter From Date** | ***Please attach a void cheque.*** | |
| Frequency of each pre-authorized debit (“**PAD**”): **Monthly** **on the**  **1st or  15th**  Regular monthly payments for the full amount of services delivered will be debited from my/our specified Account on the 1st or 15th of each month, per above. These services are for my monthly donation to Seva Canada Society. | | |

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| **3. Pre-Authorized Debit Details** |
| **Authorization:** I/We acknowledge that this PAD Agreement is provided for the benefit of Seva Canada Society, as the payee, and is provided in consideration of Vancouver City Savings Credit Union agreeing to process debits against the Account (designated above) with my/our financial institution (or any other financial institution I/we may authorize at any time) in accordance with CPA rules.  I/we confirm that we have authority under the terms of my/our Account agreement to authorize this debit arrangement.  By signing this PAD Agreement, I/we acknowledge having received and read a copy of this PAD Agreement, including the terms contained herein; I/we acknowledge that I/we understand the terms of this PAD Agreement; and I/we agree to be bound by the terms of this PAD Agreement.  I/we authorize at any time in the Transaction Date period indicated above, for PADs to be drawn on my/our Account according to this PAD Agreement.  I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed this PAD Agreement.  **Confirmation and Pre-notifications:** Seva Canada Society will, at least 10 calendar days before the due date of the first PAD, provide me/us a confirmation in accordance with Rule H1.  For ***fixed-amount, set interval PADs*** (e.g., monthly PADs) Seva Canada Society, will provide me/us with 10 days’ prior written notice specifying the amount and date of the next PAD before any changes are made to the fixed amount PAD and of any change to the scheduled payment date(s), unless an exception under Rule H1 applies.  Seva Canada Society does not offer or process **variable amount PADs**.  **Cancellation of PAD Agreement:** I/we acknowledge that I/we may revoke, change or cancel my/our authorization under this PAD Agreement at any time in writing to Seva Canada Society. I/we understand and accept that this notification must be provided to Seva Canada Society at the contact information indicated belowat least 30 calendar days before the next debit is scheduled.  Upon providing a notice of cancellation or revocation of authority, Seva Canada Society will cease issuing in accordancewith Rule H1.  To obtain a sample cancellation form, or for more information about my/our right to cancel this PAD Agreement, I/we acknowledge that I/we can contact my/our financial institution or visit www.payments.ca.  **Recourse/Reimbursement:** I/we acknowledge that I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we 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 my/our recourse rights, I/we may contact my/our financial institution or visit www.payments.ca.  For more information on Rule H1 please go to <https://payments.ca/sites/default/files/h1eng.pdf>   |  |  | | --- | --- | | **4. Payee Contact Information:** | | | Organization Name (Payee Name)  Seva Canada Society | | | Address  100-2000 West 12th Ave Vancouver BC V6J 2G2 | | | Email Address  fundraising@seva.ca | | | Phone Number  1-604-713-6622 OR 1-877-460-6622 | Fax  N/A |   I/We understand and accept the terms of entering into this PAD Agreement and participating in this PAD plan.   |  |  | | --- | --- | | Signature of Account Holder | Name | | X .……………………………………………………………… | … | | Date | | … | | Signature of Joint Account Holder (if appropriate) | Name | | X .……………………………………………………………… | … | | Date | | … |   ***Note:*** *If only one (1) signature is required for the Payor Account, then only 1 Payor signature is required to sign this PAD Agreement. If two (2) or more signatures are required for the Payor Account, then both or all Payors must sign this PAD Agreement.*  Please submit completed and signed form to **fundraising@seva.ca** |