



Parole de Vie Béthel

1175, chemin Thomas-Woodward, Sherbrooke, QC J1M 0B4

Telephone : (819) 823-8435 Fax : (819) 823-2468

Email : info@pdvb.org

PRE-AUTHORIZED DEBITS (PAD) PLAN AGREEMENT

1. Contact Information

Name : _____ Telephone : _____

Address, Town : _____ P.C. : _____

Province, Country : _____ Email : _____

2. Bank Account Information (include a void cheque if possible)

I want to give : _____ \$ /Per month

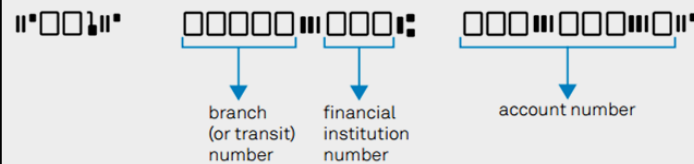
From : Individual Business

To support : _____

Account : Checking Savings

Where can I find my bank account information?

If you have cheques, this information is usually printed across the bottom.



Account No. : _____

Transit (5 digits) :

Financial Institution (3 digits) :

Branch Address : _____

3. Details of the Preauthorized Debit (PDA)

I authorize Parole de Vie Béthel and the financial institution designated to begin, as per my instructions, monthly recurring payments. Those will be debited to my account specified on the **15th day** of each month. My authorization will be required for any modification to those debits.

Authorized Signature : _____

Authorized Signature (if a second one is required) : _____

Name (in block letters) : _____

Name (in block letters) : _____

Date : _____

Date : _____

I retain the right to revoke my authorization at any time, with a pre-notification of ten (10) days. To obtain a sample of the cancellation form or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca. I have certain recourse rights if any debit does not comply with this agreement. For example, I 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 recourse rights, I may contact my financial institution or visit www.cdnpay.ca.