Building Beyond BORDERS

PRE-AUTHORIZED DEBIT (PAD) PLAN AUTHORIZATION FORM

PAYEE INFORMATION

KELOWNA CHRISTIAN CENTER SOCIETY
905 BADKE ROAD
KELOWNA, BC V1X 5Z5

PHONE: 250-762-9559 EXT 220
EMAIL: BuildingBeyondBorders@kcc.net

DONOR INFORMATION

NAME: _____

ADDRESS: _____ CITY: _____ PROV: _____ PC: _____

HOME: _____ BUSINESS: _____

EMAIL: _____

I want to support Building Beyond Borders' 'Kenya Child Sponsorships' through monthly donations.

PLEASE DEBIT MY BANK ACCOUNT (MUST ATTACH A VOID CHEQUE OR BANK ISSUED ACCOUNT INFO FORM)

TYPE OF PAD: PERSONAL/HOUSEHOLD _____ BUSINESS _____

AMOUNT: $_____ START DATE: _____

FREQUENCY: MONTHLY __**X**___

The debit will be processed to your account on the 15th day of each month or the next business day.

AGREEMENT

I waive any and all need for signatures to change payment arrangements as long as there is permission via email instruction by donor.
I understand that this agreement will remain in effect until I notify you of cancellation.
I have read and understand and accept the terms and conditions of this agreement for participation in the PAD plan.
I warrant and guarantee that the person required to sign on this account has signed this agreement below.

SIGNATURE: _____ **DATE:** _____

CANCELLATION **(10 BUSINESS DAYS NOTICE IS REQUIRED)**

I may revoke authorization at any time, subject to providing notice of at least ten (10) business days before the next debit is scheduled. I may obtain a sample cancellation form, or more information on my right to cancel a PAD agreement at my financial institution or by visiting www.cdnpay.ca.

I have certain recourse rights if any debit does not comply with the agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or is not consistent with the PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

FOR OFFICE USE ONLY:

Cancel this Pre-Authorized Debit (PAD) Agreement effective _____ , 20 _____

SIGNATURE: _____ DATE: _____