



## AUTOMATIC DEBIT FORM

### MONTHLY DONATIONS BY BANK DEBIT

We are very pleased to announce that as of February 2012 you will be able to make your monthly donations to Relief and Support Services by means of a convenient automatic withdrawal from your bank or credit union account. This will eliminate the need for you to remember to write a cheque and mail your donation each month. And of course the more sponsors that sign up for this service, the more it will help us to streamline the monthly administration process.

Please provide the following information:

First Name Middle Initials Last Name

Address

City

Province

Postal Code

Telephone

Email address (for information updates & newsletters)

**Please note that the automatic debit will be processed to your account on the 15<sup>th</sup> day of each month.**

**For automatic monthly donations debited to your bank account please use this form:**

The undersigned hereby authorizes Relief and Support Services to draw monthly cheques or prepare debits, by paper or electronic entry, covering payments due by the undersigned to Relief and Support Services for monthly donations in the amount of

\$ \_\_\_\_\_

**A cheque marked VOID is required to process monthly donations by bank debit. Please attach a voided cheque to this form.**

My financial institution is hereby authorized to pay and debit the account of the undersigned. For a joint account all depositors must sign if more than one signature is required on cheques issued against the account.

1. All amounts payable to Relief and Support Services drawn or directed to you by a Canadian financial institution on behalf of Relief and Support Services.
2. Your treatment of each debit shall be the same as if the undersigned has personally directed you to pay as indicated and to charge the amount specified to the account of the undersigned.
3. I may revoke my authorization at any time subject to providing notice of 20 days. To obtain a sample cancellation form or for more information on my right to cancel a Pre-Authorized Debit (PAD) agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).
4. Any delivery of this authorization to you constitutes delivery by the undersigned.
5. 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 debit that is not authorized or consistent with this PAD agreement. To obtain more information on my recourse rights I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

.....  
Date

.....  
Signature(s)

**Please mail this form and your voided cheque to:  
Relief and Support Services, 208-703 Granville Ave., Enderby, BC V0E 1V1**