



Pre-authorized Debit (PAD) Agreement

I wish to support REED (Resist Exploitation, Embrace Dignity) through monthly donations.

**Salsbury Community Society
21732 – 1424 Commercial Drive, Vancouver, BC V5L 5G3
Tel: 604.629.0653 E-mail: jennifer@salsburycs.ca**

Date: _____

Please debit my bank account: (attach VOID cheque**)**

____ **\$10** ____ **\$20** ____ **\$25** ____ **\$50** Other Amount \$ _____ (specify)

I would like this donation debit to be processed through my account on the:
____ *the 15th day of each month*

Signature: _____

Donor Name: _____

Address/Contact Information: _____

This donation is made on behalf of: _____ **an Individual** _____ **a Business**

I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a sample 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 debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.