

## Pre-Authorized Debit (PAD) Agreement

1. Payor Information											
Name:											
Address:		Phone Number:									
City:	Province:	Postal Code:									
2. Payor Bank Account Information and Payment Details											
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Transit Number:	Institution Number:	Account Number:									
Financial Institution Name:											
Financial Institution Branch Address:											
Debit Amount Fixed At: \$	Account Type: <b>Chequing</b> <b>Savings</b>										
Transaction Date From:	I/we confirm that Inner Hope Youth Ministries (IHYM) may continue to withdraw this monthly amount until I cancel my PAD agreement.  Initial:  OR until this set end date:										
These services are for (check one): Personal Business Use											
Frequency of each pre-authorized debit ("PAD"):	<b>Monthly</b>	<b>One-time*</b>	<b>Sporadic**</b>								
Monthly: Regular monthly payments will be debited from my/our specified account on the (check one): <b>1st of the month</b> <b>16th of the month</b>											
*One-time: this PAD Agreement will no longer be valid once the payment has been fulfilled. For any subsequent PAD, IHYM shall obtain a new payor's PAD agreement and due authorization from me/us in accordance with Rule H1 of the Canadian Payments Association.											
** Sporadic: IHYM shall obtain due authorization from me/us in accordance with Rule H1 for each PAD that IHYM issues against me/us.											

**PLEASE ATTACH, OR SEND A DIGITAL COPY OF, A VOID CHEQUE**

### 3. Pre-Authorized Debit Details

**Authorization:** I/We acknowledge that this PAD Agreement is provided for the benefit of IHYM, 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:** IHYM 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) IHYM 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.
- For variable amount PADs, after the first PAD, IHYM will provide me/us with 10 days' prior written notice specifying the amount and date of the next PAD before the due date of the variable amount PAD, unless an exception under Rule H1 applies.

**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 IHYM. I/we understand and accept that this notification must be provided to IHYM at the contact information indicated below **at least 30 calendar days before the next debit is scheduled**.

- Upon providing a notice of cancellation or revocation of authority, IHYM will cease issuing in accordance with 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](http://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](http://www.payments.ca).

### 4. Payee Information

Name: **INNER HOPE YOUTH MINISTRIES SOCIETY**

Address: **PO Box 74084, RPO Hillcrest Park, Vancouver, BC, V5V 5C8**

Email: **office@innerhope.ca**

Phone: **604-767-1357**

Fax: **604-638-0991**

***I/We understand and accept the terms of entering into this PAD Agreement and participating in this PAD plan.***

Signature of Account Holder:

Name:

Date:

Signature of Joint Account Holder (if appropriate):

Name:

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 OFFICE@INNERHOPE.CA**