

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT



Please complete this form and mail or fax, along with a void cheque to:

Big Brothers Big Sisters of Saint John
 39 King St.
 3rd Level, Brunswick Square
 Saint John, N.B., Canada E2L 4W3

Phone: 506-635-1145
 Fax: 506-633-7781
 Email: saintjohn@bigbrothersbigsisters.ca
 Charitable Registration No. 129397584RR0001

Personal Information

Full Name		Telephone No.	
Address (street, city, province)		Postal code	
Email Address			
This donation is made on behalf of:		<input type="checkbox"/> An Individual	<input type="checkbox"/> A Business
In Honour Of:		In Memory Of:	
<input type="checkbox"/> I wish to support Big Brothers Big Sister's highest priorities (unrestricted support).			
<input type="checkbox"/> I wish to support a project or program in a specific service area of Big Brothers Big Sisters (please specify):			
<input type="checkbox"/> Saint John		<input type="checkbox"/> Charlotte County	<input type="checkbox"/> Kings County

*At Big Brothers Big Sisters, we respect your privacy and keep your information strictly confidential.
 Read our privacy policy at saintjohn.bigbrothersbigsisters.ca/privacy-policy/*

Payment and Banking Information

Please charge my credit card \$_____ on the 1 st day of each month or the next business day			
Credit Card #	Expiry (MM/YY)	CVV	
Please debit my bank account in the amount of \$_____ on the 1 st day of each month or the next business day			
Name of the financial institution where the account is located	Institution #	Transit #	Account #
Bank Address (street, city, province, postal code)			

(Attach VOID cheque to confirm banking information)

Signature

Date

I may revoke my authorization at any time, subject to providing notice of (Payee to insert period - not to exceed 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.payments.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.payments.ca.