



Pre-authorized Debit (PAD) Agreement

Date: \_\_\_\_\_  
(mm/dd/yyyy)

I would like to support **Community Services** in their mission to *help individuals and families enable themselves to realize their potential and achieve a level of self-reliance* through monthly donations.

Please debit my bank account: (attach VOID cheque)

\$25     \$50     \$75    Other Amount \$\_\_\_\_\_ (specify)

The debit will be processed to your account on the 1st day of each month or the next business day.

Please indicate which fund/program you would like to support with your donation:

- GENERAL FUND     Affordable Family Counselling     Alisa’s Wish CYAC     Child & Youth
- Daddy & Me     Family Place     The Club     Senior Services     Youth Restorative Justice
- Youth Wellness Centre

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 (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.cdnpay.ca](http://www.cdnpay.ca)

Community Services  
22718 Lougheed Hwy.  
Maple Ridge, BC V2X 2V6  
Tel: 604.467.6911  
Email: [smont@comservice.bc.ca](mailto:smont@comservice.bc.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.cdpay.ca](http://www.cdpay.ca)