



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
- Family Place Restorative Justice Senior Services The Club
- 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

Community Services
22718 Lougheed Hwy.
Maple Ridge, BC V2X 2V6
Tel: 604.467.6911
Email: npower@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