

## Direct Debit Agreement

Name(s): \_\_\_\_\_

Type of Service: Personal: \_\_\_\_\_ Business: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Financial Institution (FI):** \_\_\_\_\_

FI Transit Number: \_\_\_\_\_ - \_\_\_\_\_ FI Account Number: \_\_\_\_\_  
*(Branch - 5 digits; FI - 3 digits)*

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

I authorize Hope Awaits Ministries to draw debits from my account in the amount of  
\$ \_\_\_\_\_ beginning on:

Please Check One:

The 1<sup>st</sup> of \_\_\_\_\_, \_\_\_\_\_, and on the 1<sup>st</sup> of each month thereafter.  
(month) (year)

The 15<sup>th</sup> of \_\_\_\_\_, \_\_\_\_\_, and on the 15<sup>th</sup> of each month thereafter.  
(month) (year)

I would like to designate my donation to: \_\_\_\_\_



I/we authorize Hope Awaits Ministries, and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our donation agreement. Regular monthly payments will be debited to my/our specified account each month. Hope Awaits Ministries will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Hope Awaits Ministries has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

Hope Awaits Ministries may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

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 PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

**I/we warrant that all persons whose signatures are required on this account have signed this agreement:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_