



Sanctuary Mental Health Society

Pre-Authorized Debit (PAD) Authorization Form

I WANT TO SUPPORT SANCTUARY MENTAL HEALTH SOCIETY THROUGH MONTHLY DONATIONS.

Please debit my bank account: (please attach VOID cheque)

\$50 \$100 \$200 Other Amount \$ _____ (specify)

The debit will be processed to your account on the 15th day of each month or the next business day.

Donations to start _____ and every 15th of the month (or next business day) thereafter.

Signature _____

Date _____

Donor Name _____

Address _____

Phone _____

E-mail _____

This donation is made on behalf of _____ an Individual _____ a Business

I may revoke my authorization at any time upon written notification to Sanctuary Mental Health Ministries, subject to at least 2 weeks notice prior to the next scheduled PAD. I understand that it will take at least 2 weeks before automatic deductions can begin. 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.

Sanctuary Mental Health Society
PO Box 20147 Fairview
Vancouver, BC V5Z 0C1

Phone: 778-836-4673 | E-mail: info@sanctuarymentalhealth.org

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.cdnpay.ca.