

Pre-authorized Debit Agreement (PAD Agreement)

1. Payor Information (Please print clearly)				
Full Name (no initials)				
Residential BC Address		Email Addı	ress	
City	Province BC)	Postal Code	
☐ I confirm that this is a personal contribution – it is confirm I am a Canadian citizen or permanent reside	_		·	
2. Payor Bank Account Information ("Account")	and Paym	ent Details		
Transit Number Institution Number Account Number				
Financial Institution Name				
Financial Institution Branch Address				
Debit Amount Fixed at \$	Account Chec	luing		
Transaction Date From:	Please attach a void cheque.			
To: (enter n/a if you don't want it to end)				
These services are for (check one): Personal —Business Use **Only personal account are allowed to be used for donations**				
Frequency of each pre-authorized debit ("PAD"):	Monthly	□ One-tir	me*	
If PADs occur monthly : Regular monthly payments for the full amount of services delivered will be debited from my/our specified Account on the day of each month. These services are for Donations to the BC Green Party.				
* If this PAD occurs on a <u>one-time basis</u> , this PAD Agreement will no longer be valid once the payment has been fulfilled. For any subsequent PAD BC Green Party, shall obtain a new payor's PAD agreement and due authorization from me/us in accordance with rule H1 ("Rule H1") of the Canadian Payments Association ("CPA", operating as Payments Canada).				



** For any PAD(s) that occur(s) on a <u>sporadic basis</u>, the BC Green Party shall obtain due authorization from me/us in accordance with Rule H1 for each PAD that the BC Green Party issues against me/us.

3. Pre-Authorized Debit Details

Authorization: I/We acknowledge that this PAD Agreement is provided for the benefit of BC Green Party, as the payee, and is provided in consideration of Vancouver City Savings Credit Union agreeing to process debits against the Account (designated above) with my/our financial institution (or any other financial institution I/we may authorize at any time) in accordance with CPA rules.

I/we confirm that we have authority under the terms of my/our Account agreement to authorize this debit arrangement.

By signing this PAD Agreement, I/we acknowledge having received and read a copy of this PAD Agreement, including the terms contained herein; I/we acknowledge that I/we understand the terms of this PAD Agreement; and I/we agree to be bound by the terms of this PAD Agreement.

I/we authorize at any time in the Transaction Date period indicated above, for PADs to be drawn on my/our Account according to this PAD Agreement.

I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed this PAD Agreement.

Confirmation and Pre-notifications: BC Green Party will, at least 10 calendar days before the due date of the first PAD, provide me/us a confirmation in accordance with Rule H1.

For <u>fixed-amount</u>, <u>set interval PADs</u> (e.g., monthly PADs) BC Green party, will provide me/us with 10 days' prior written notice specifying the amount and date of the next PAD before any changes are made to the fixed amount PAD and of any change to the scheduled payment date(s), unless an exception under Rule H1 applies.

Cancellation of PAD Agreement: I/we acknowledge that I/we may revoke, change or cancel my/our authorization under this PAD Agreement at any time in writing to BC Green Party. I/we understand and accept that this notification must be provided to BC Green Party at the contact information indicated below at least 30 calendar days before the next debit is scheduled.

Upon providing a notice of cancellation or revocation of authority, BC Green Party will cease issuing in accordance with Rule H1.

To obtain a sample cancellation form, or for more information about my/our right to cancel this PAD Agreement, I/we acknowledge that I/we can contact my/our financial institution or visit www.payments.ca.

Recourse/Reimbursement: I/we acknowledge that 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 debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.payments.ca.



4. Payee Contact Information:	
Organization Name (Payee Name) BC Green Party	
Address	
PO Box 8088 Victoria, BC V8W3R7	
Email Address	
finance@bcgreens.ca	
Phone Number	
(000) 470 0000 205	
(888) 473-3686 x25	to this DAD Assessment and porticipating in this DAD
/We understand and accept the terms of entering in blan.	to this PAD Agreement and participating in this PAD
/We understand and accept the terms of entering in	to this PAD Agreement and participating in this PAD Name
/We understand and accept the terms of entering in blan.	
/We understand and accept the terms of entering in blan.	Name
/We understand and accept the terms of entering in plan.	Name
/We understand and accept the terms of entering in blan.	Name Date
/We understand and accept the terms of entering in blan. Signature of Account Holder	Name Date
/We understand and accept the terms of entering in blan. Signature of Account Holder	Name Date Name

Note: If only one (1) signature is required for the Payor Account, then only 1 Payor signature is required to sign this PAD Agreement. If two (2) or more signatures are required for the Payor Account, then both or all Payors must sign this PAD Agreement.

Please submit completed and signed form to finance@bcgreens.ca