

I wish to support Friends of Semiahmoo Bay Society through monthly donations.



Pre-authorized Debit (PAD) Agreement

Instructions: Please complete the following form and return to the office of Friends of Semiahmoo Bay Society with a VOID cheque - 15425 Columbia Avenue, White Rock, BC, V4B 1K1; Questions? Contact information@birdsonthebay.ca or voicemail 604-536-2636. Thank you for your support!

Date: _____

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

___ \$10 ___ \$20 ___ \$25 ___ \$50 Other Amount \$ _____ (specify)

*I would like this donation debit to be processed through my account on the: ___ 1st day of each month or
___ the 15th of each month*

Signature: _____

Donor Name: _____

Address: _____

Telephone: _____ Email: _____

This donation is made on behalf of: ___an Individual ___a Business

I may revoke my authorization at any time, subject to providing notice of 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.

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.