

## Pre-authorized Debit (PAD) Agreement

Name							
Mailing Address			City	Pro	ovince	Postal Code	_
( )	(	)		(	)		
Mobile Phone Number	Home Ph	none Number		Work	k Phone Num	ber	_
Email Address							
. ACCOUNT HOLDER IN	FORMATION (co	omplete if dif	ferent than above)				
Name							_
Mailing Address			City	Pro	ovince	Postal Code	_
( )	(	)		(	)		
Mobile Phone Number	Home Ph	none Number		Work	k Phone Num	ber	_
Email Address							
Please attach a personalized  CONSENT &AGREEME  I/we authorize The Compassion N	cheque marked V NT letwork Inc. to debit t	the bank acco	unt identified above	e (or any other f	inancial inst	titution I/we, the Ac	coun
Please attach a personalized  CONSENT &AGREEME  I/we authorize The Compassion N Holder (s), may authorize at anyt Compassion Network Inc. accour will be debited on the invoice or s payments and/or change the amo remote means), as required to ma Compassion Network Inc. is not pre-notification of the amount of authorized Debit before the debit in	cheque marked V NT letwork Inc. to debit t ime) for regular recur nt. Regular payments statement due date or ount of the debit as a sintain my/our service responsible for any b the Pre-authorized s processed.	the bank accorring payments for the full ar next busines result of my/oss. I/we will beank service con bebit and ag	ount identified above s and/or one time p mount of services d s day. I/we authorize our direct action (sue charged an adminimages relating to direct that I/we do r	e (or any other foayments for al lelivered, fees/ii e The Compass ch as, but not l strative fee for eclined debits. not require adv	inancial inst II charges a nterest incu sion Network limited to, a declined de I/we waived vance notice	titution I/we, the Acurising under my/ourred, and balance of k Inc. to present must telephone instruct bits. I/we agree that d my/our right to respond to the amount of	coun owing ultiple ion o at The eceive f Pre
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5. SUBMIT THE COMPLETED FORM TO

The Compassion Network Inc. PO Box 67035 Edmonton AB T5R 5Y3 Fax: 780-756-8145

more information on my/our recourse rights, I/we may contact my financial institution or visit www.cdnpay.ca.

Email: info@compassionnetwork.ca