



## Pre-authorized Debit (PAD) Agreement

### 1. CUSTOMER INFORMATION (please print)

Name _____			
Mailing Address _____	City _____	Province _____	Postal Code _____
( ) _____	( ) _____	( ) _____	
Mobile Phone Number _____	Home Phone Number _____	Work Phone Number _____	
Email Address _____			

### 2. ACCOUNT HOLDER INFORMATION (complete if different than above)

Name _____			
Mailing Address _____	City _____	Province _____	Postal Code _____
( ) _____	( ) _____	( ) _____	
Mobile Phone Number _____	Home Phone Number _____	Work Phone Number _____	
Email Address _____			

### 3. ACCOUNT INFORMATION

**Please attach a personalized cheque marked VOID or a Pre-authorized Debit Form completed by your financial institution.**

### 4. CONSENT & AGREEMENT

I/we authorize The Compassion Network Inc. to debit the bank account identified above (or any other financial institution I/we, the Account Holder (s), may authorize at anytime) for regular recurring payments and/or one time payments for all charges arising under my/our The Compassion Network Inc. account. Regular payments for the full amount of services delivered, fees/interest incurred, and balance owing will be debited on the invoice or statement due date or next business day. I/we authorize The Compassion Network Inc. to present multiple payments and/or change the amount of the debit as a result of my/our direct action (such as, but not limited to, a telephone instruction or remote means), as required to maintain my/our services. I/we will be charged an administrative fee for declined debits. I/we agree that The Compassion Network Inc. is not responsible for any bank service charges relating to declined debits. I/we waived my/our right to receive pre-notification of the amount of the Pre-authorized Debit and agreed that I/we do not require advance notice of the amount of Pre-authorized Debit before the debit is processed.

- I/we would like a copy of the invoice or receipt sent to the ☐ email ☐ mailing address indicated under Account Holder Information above.
- These services are for (check one) ☐ Personal ☐ Business
- I/we may revoke my authorization at any time by submitting written notice to The Compassion Network Inc. at least ten (10) business days before the next debit date. To obtain a sample cancellation form or more information on my/our right to cancel a PAD Agreement, I/we may contact my financial institution or visit **www.cdnpay.ca**.

Signature of Account Holder _____
Name (please print) _____
Date _____

Signature of Joint Account Holder _____ (if applicable)
Name (please print) _____
Date _____

- I/we have certain recourse rights if any debit presented by The Compassion Network Inc. 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 financial institution or visit **www.cdnpay.ca**.

### 5. SUBMIT THE COMPLETED FORM TO

The Compassion Network Inc.  
PO Box 67035  
Edmonton AB T5R 5Y3  
Fax: 780-756-8145  
Email: [info@compassionnetwork.ca](mailto:info@compassionnetwork.ca)