



AUTHORIZATION TO DEBIT AN ACCOUNT

The undersigned authorizes **Future Hope Inc.** (hereinafter called the "Payee") to issue on his/her behalf any cheque, payment order or request drawn on the financial institution named below to the order of the Payee, in payment of the amounts owing to the Payee under the terms of the present agreement and future contracts between the Payee and the undersigned.

Type of Service: Personal Business

Institution Name: _____

Branch Address: _____ City: _____

Province: _____ Post Code: _____

Account Number:

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 Transit |

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 Institution |

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 Account Number

Chequing Account Savings Account

The above-named institution is hereby authorized to pay and to debit to account described above any cheque, payment order or request whatsoever, payable to the Payee and drawn on said account by a bank acting in the name of the Payee. The amount authorized by this Monthly/Semi-Monthly transaction is \$_____ per month or \$_____ semi-monthly. Any cheque, payment order or request whatsoever thus drawn by the Payee's bank shall be considered as having been signed by the undersigned.

For the purposes of this authorization, the word "cheque" shall be deemed to include any payment order drawn on an institution other than a bank. Furthermore, if this authorization is signed by more than one person, the singular shall be interpreted as a plural wherever it occurs.

This authorization can be revoked at any time by written notification to the Payee at the address below, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD agreement, contact your financial institution or visit www.cdnpay.ca.

You [or I / We, depending on the context] have certain recourse rights if any debit does not comply with this agreement. For example, you [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 your [my/our] recourse rights, [I / We] may contact your financial institution or visit www.cdnpay.ca.

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Start Date: _____ End Date: _____

Date: _____

Signature: _____
(as it appears on cheques)

Please attach a sample of a cheque marked "VOID" from the above-mentioned institution. If the account requires two signatures, then the present authorization should be signed by both persons.

I would like this donation to be anonymous. ()