



Friends of Clayoquot Sound

Box 489 Tofino, BC V0R 2Z0
e-mail info@focs.ca
website www.focs.ca

ph (250) 725-4218
fx (250) 725-2527

Pre-Authorized Debit (PAD) Agreement

As required by Canadian regulations 2010

Friends of Clayoquot Sound

Date: _____

P.O. Box 489

Tofino, BC Canada V0R 2Z0

tel: 250-725-4218

fax: 250-725-2527

email: info@focs.ca

**I wish to support Friends of Clayoquot Sound through monthly donations.
Please debit my bank account each month by:**

\$10 \$15 \$20 \$30 \$ _____

This donation debit will be processed through my account on the 1st of each month.

Please attach a VOID cheque for your banking information.

Signature: _____

Donor name: _____

Mailing address: _____

City: _____ Prov. _____

Postal code: _____ Phone: _____

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 the Canadian Payments Association at 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.