

KAWKAWA CAMP SOCIETY

Pre-Authorized Debit Agreement

To: Kawkawa Camp Society

Re: _____

Pre-Authorized Debit (PAD) Agreement

Payor Information

Payor Name: _____

Physical Address: _____

City: _____ Prov: _____ Postal Code: _____

Telephone number: _____ Email: _____

Bank Account Information (Payor account to be debited)

Bank Account Number

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Transit Number (5 digits)

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Bank ID (3 digits)

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Financial Institution Name: _____

Branch Address: _____

Pre-Authorized Debit (PAD) Details

This PAD Agreement is for an: Individual ☐ Business ☐

I/we authorize Kawkawa Camp Society and their designated service provider to debit my/our bank account as per the following schedule:

☐ Recurring Payments of \$

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 on the

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day of each month or the next business day,

☐ One (1) time payment of \$

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 for FOB Deposit, on _____ (Date)

I/we have waived my/our right to receive pre-notification of the amount of the PAD and agreed that I/we do not require advance notice of the amount of PADs before the debit is processed.

I/we may revoke my authorization at any time, subject to providing notice of **10 days** to Kawkawa Camp Society.

I/we 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 a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.payments.ca.

Authorization - Signature of Payor Bank Account Holder(s) for the bank account provided above.

To enter into this agreement the required number of signatures to authorize transactions on the above bank account must be provided below:

(Name – please print)

Date: _____

(Name – please print)

Date: _____

KAWKAWA CAMP SOCIETY
66706 Kawkawa Lake Rd
Hope, BC V0X 1L1
604-869-9637 info@kawkawa.com