



Sanctuary Mental Health Society
Pre-Authorized Debit (PAD) Authorization Form

I WANT TO SUPPORT SANCTUARY MENTAL HEALTH SOCIETY THROUGH MONTHLY DONATIONS.

Please debit my bank account: (please attach VOID cheque)

___ \$50 ___ \$100 ___ \$200 Other Amount \$_____ (specify)

The debit will be processed to your account on the 15th day of each month or the next business day. Donations to start _____ and every 15th of the month (or next business day) thereafter.

Signature: _____

Date: _____

Donor name: _____

Address: _____

Phone: _____

E-mail: _____

This donation is made on behalf of _____ an Individual _____ a Business

Please mail this form along with a void cheque to:

Sanctuary Mental Health Society
Second Floor - 107 E 3rd Avenue
Vancouver, BC V5T 1C7

E-mail: info@sanctuarymentalhealth.org | Phone: 778-836-HOPE (4673)

I may revoke my authorization at any time upon written notification to Sanctuary Mental Health Ministries, subject to at least 2 weeks' notice prior to the next scheduled PAD. I understand that it will take at least 2 weeks before automatic deductions can begin. 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 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.