



VICTORY CHILDRENS HOMES INTERNATIONAL FOUNDATION

www.victorychildrenshomes.com

Pre-Authorized Debit (PAD) Agreement

Date: _____

I want to support Victory Children's Homes Foundation through monthly donations.

Payment Processing Information:

\$35 CAD

\$70 CAD

\$105 CAD

Other Amount: _____ CAD (specify)

Processing Dates: (choose one) 1st 24th

Starting Month/Year: _____

NOTE: The debit will be processed to your account on this date or the next business day.

Banking Information:

Bank Name & Address: _____

Account # _____

Institution # (Routing) _____

Branch Transit # _____

Note: you may also simply attach a Void cheque.

Contact Information & Signature:

Sponsor Name: _____

Phone Number: _____

Email: _____

Address Information: _____

This donation is made on behalf of an: Individual Business Signature: _____

I may revoke my authorization at any time, subject to providing written notice of **at least 7 days**. I will email or call Victory Sponsorships in the event I wish to cancel my sponsorship. 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.

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