

# International Buddhist Progress Society of Toronto



## PRE-AUTHORIZED DEBITS (PAD) AGREEMENT

### 1. Donor Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Business Use: ☐ Personal Use: ☐

### 2. Banking Information (OR attach a void cheque)

Account Number: 

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 Branch Transit Number: 

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Financial Institution Number: 

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 Chequing: ☐ Saving: ☐

Financial Institution Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### 3. Pre-Authorized Debit (PAD) Details

You, the payor, authorize *I.B.P.S. of Toronto* to debit the bank account identified above for the donation of Dharma Protectors Program Registration.

Amount	Frequency(monthly/bimonthly/quarterly)	First Process Date	No. of Installments
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You, the payor, may revoke your authorization at any time with 30 days notice in writing to *I.B.P.S. of Toronto*. To find out more about the PAD cancellation process or to obtain a sample cancellation form, you may contact your financial institution or visit [www.cdnpay.com](http://www.cdnpay.com).

Signature of Account Holder: \_\_\_\_\_

Signature of Joint Account Holder (if applicable): \_\_\_\_\_

Name: (Please Print) \_\_\_\_\_

Name: (Please Print) \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

You, the payor, have certain recourse rights if any debit does not comply with this agreement. For example, reimbursement that is not authorized or not consistent with this PAD agreement. To obtain more about my recourse rights, You may contact your financial institution or visit [www.cdnpay.com](http://www.cdnpay.com).

### 4. When the form is complete or for any inquiries, our contact information is as follows:

International Buddhist Progress Society of Toronto  
6525 Millcreek Dr, Mississauga, ON L5N 7K6  
Phone: 905-814-0465  
Fax: 905-8140469  
Email: [donation@fgs.ca](mailto:donation@fgs.ca)  
[www.fgs.ca](http://www.fgs.ca)