



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: _____ Branch Transit Number: _____

Financial Institution Number: _____ 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

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.

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 your recourse rights, you may contact your financial institution or visit 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 Drive, Mississauga, ON, L5N 7K6
Phone: 905-814-0465
Fax: 906-814-0469
Email: donation@fgs.ca
www.fgs.ca