



Donor Pre-authorized Debit (PAD) Form

This form contains personal and banking information required by SOS Children’s Village BC (SOS BC), to facilitate ongoing pre-authorized debits from your bank account.

Please complete sections 1-3 **and** affix a VOID cheque.

Section 1 – Donor Information
Full Name (First Name, Last Name)
Full Street Address, including City and Province
Postal Code
Section 2 – Banking Information
Name of Financial Institution
Branch Phone #
Full Branch Address

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Transit # (5 Digits)

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Institution # (3 Digits)

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Account # (Up to 12 Digits)

Section 3 – Authorized Signature	
By signing this document, I authorize SOS BC to make monthly donation withdrawals from my financial institution in the amount of \$ <input type="text"/> . <input type="text"/> to commence on the ___ day of _____ (month), _____ (year)	
Donor Signature	Donor Name

X.....	Date (yyyy/mmm/dd) _____

To cancel or modify this agreement, please contact SOS BC within 10 calendar days before the next scheduled payment via email at office@sosbc.org, by telephone or by mail. You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights, you may contact your financial institution or visit payments.ca.