



Northern B.C. Friends of Children Society
P.O. Box 2463
Prince George, B.C.
V2N 2S6

PAD AGREEMENT

Customer/Business Information:

Name:	<input type="text"/>	Address	<input type="text"/>
Email:	<input type="text"/>	City:	<input type="text"/>
Province:	<input type="text"/>	Postal Code:	<input type="text"/>

I/we authorize the above business to credit my account for recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our account.

PRE-AUTHORIZED DEBIT TERMS

<p>I authorize Northern B.C. Friends of Children Society to credit my bank account as outlined in the payment terms of this agreement.</p> <p>Notification- I agree to waive any legislative or regulatory requirement for pre-notification.</p> <p>Cancellation- This authority is to remain in effect until the above person/ business has received written notification from me/us of its change or termination.</p>

AUTHORIZATION

Please attach a void cheque or fill out account details

Branch transit no. _____ Account no. _____ Institution no: _____

Date: _____

Signature(s):