



# Mount Pleasant Neighbourhood House

800 East Broadway • Vancouver • BC • Canada • V5T 1Y1

MPNH T. 604.879.8208 F. 604.879.4136 E. [accounts@mpnh.org](mailto:accounts@mpnh.org)

## Pre-authorized Debit (PAD) Agreement

### 1. Payor Information (Please print clearly)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ OR \_\_\_\_\_

### 2. Bank Account Information

Payment Amount: \$\_\_\_\_\_ monthly

<b>Payor Account Number</b>																				
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<b>Branch Transit Number</b>						
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<b>Financial Institute Number</b>					
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Account Type:    Chequing   

                         Savings   

Financial Institution Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Transaction Date: From:   mm  /  dd  /  yy   To:   mm  /  dd  /  yy  



Connecting Neighbours since 1976.





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Please attach a void cheque.

### 3. Payee Information (Office only)

Association of Neighbourhood Houses of BC, d.b.a. Mount Pleasant Neighbourhood House

Account #: 

9	3	4	0	0	9	1
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 Branch Number: 9

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

I/We authorize Mount Pleasant Neighbourhood House and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Mount Pleasant Neighbourhood House account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the \_\_\_\_\_ day of each month. These services are for service fees and/or for monthly donations.

These services are for (check one) \_\_\_\_\_ personal or \_\_\_\_\_ business purpose.

Mount Pleasant Neighbourhood House will obtain my/our authorization for any other one-time or sporadic debits and provide me with 10 calendar days written notice prior to any debits. This authority is to remain in effect until Mount Pleasant Neighbourhood House has received written notification from me/us of its change or termination. This notification must be received at least thirty 30 calendar days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

In the case of variable amount PADs, Mount Pleasant Neighbourhood House will provide 10 days written notice prior to any changes in the fees and/or its schedule.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).



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I/We understand and accept the terms of participating in this Preauthorized Debit Plan.

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

\_\_\_\_\_  
Signature of Joint Account Holder (if appropriate)

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Dated

When the form is complete, submit to: Mount Pleasant Neighbourhood House  
800 East Broadway  
Vancouver, BC, V5T 1Y1