

Thank you for becoming a Friend of Check! Please complete this form and return it to our office with a void cheque by mail, fax, or email. As a supporter, you will receive one email update per month, the opportunity to join our work, and much more.

I WANT TO DONATE!!

Please debit my account on the 15th OR 30th of every month or next business day.

(check one) 15th 30th

I would like to donate \$___ every month!

(check one) \$100 \$75
 \$50 \$25
 \$15 other \$_____

CYH is a registered charity (#87861 8321 RR0001). Donations over \$20 will receive an Official Receipt for Income Tax purposes.

CONTACT INFORMATION (your personal information will be protected)

Name _____
 Street Address _____
 City _____ Province _____
 Postal Code _____
 Email address _____ Phone number _____

BANK ACCOUNT INFORMATION

Please contact your bank for this information and/or submit a VOID CHEQUE with this form.

Account # _____ Branch Transit # _____
 Financial Institution ___ (check one) Chequing Account
 Savings Account

Financial Institution Name _____
 Branch Address _____

PRE-AUTHORIZED DEBIT (PAD) DETAILS

You, the Payor, authorize Check Your Head to debit the bank account identified above for your chosen amount on the date of your choice (15th or 30th) of every month or the next business day.

You the payor; may revoke your authorization at any time by calling or emailing CYH subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD agreement, contact your financial institution or visit www.cdnpay.ca

You have certain recourse rights if any debit does not comply with the 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, contact your financial institution or visit www.cdnpay.ca

Signature of Account Holder

Name of Account Holder

Date

Please mail, fax, or email the completed form and void cheque (or copy of the cheque) to:

Check Your Head
#605-207 West Hastings St.
Vancouver, BC V6B 1H7

Fax: 604-608-6736
Email: admin@checkyourhead.org

If you have any questions regarding this form please contact us at 604-685-6631. Thank You!