

 PO Box 40
 Heriot Bay, BC, V0P 1H0
 250-285-3483
 camp@camphomewood.com

Camp Homewood is a registered charity under the name
Pacific Coast Children's Mission (registration # 119075414 RR 0001)

Pre-Authorized Debit (PAD) Agreement

Section A: Donor's Details

All donations that are \$20 or more will receive a tax receipt at the beginning of the following calendar year. The following will be used to issue the tax receipt and to follow up with you if we have questions. Please ensure the Name and Address is how you want it to appear on the tax receipt.

First Name		Last Name	
Address	Street		
	City	Province	Postal Code
Phone Number(s)			
Email Address			

Section B: Donation Details

Please note our **Designated Giving Policy:**

Spending of funds is confined to Board approved programs and projects. Each restricted contribution designated toward an approved program or project will be used as designated with the understanding that when the need for such a program or project has been met ... the remaining restricted contributions designated for such program or project will be used where needed most.

Amount \$ _____ **Frequency**
 One-Time
 Monthly on the 1st
 Monthly on the 15th

Where would you like to direct your donation?

- General Fund
 Send-a-Kid-to-Camp
 Capital Projects

Missionary Staff _____

- | | |
|--|--|
| <input type="checkbox"/> Bailey, Paul & Heather (General Director) | <input type="checkbox"/> Humphreys, David & Alyssa (Guest Services Manager) |
| <input type="checkbox"/> Chmelyk, Darrah (Intern Director) | <input type="checkbox"/> Kurtzweg, Karina (Program Director) |
| <input type="checkbox"/> Geddert, Josh & Mikaela (Site & Facilities - Maintenance) | <input type="checkbox"/> Loeve, Joel & Kortni (Site & Facilities - Projects) |
| <input type="checkbox"/> Gole, Aaron & Julie (Operations Manager) | <input type="checkbox"/> Ullstrom, John & Fredy (Head Cook) |
| <input type="checkbox"/> Gole, Amelia & Jake (Office Manager) | <input type="checkbox"/> General Missionary Fund (where needed most) |

If you are selecting multiple designations, please leave a note below to explain how you'd like your donation to be split between the designations. If no special instructions are given, we will split the donation evenly between all the selected designations.

Special notes/instructions:

Section C: Bank Account Details

Please fill out the following fields **or** attach a blank, voided cheque.

Transit (Branch) [5 digits]	Institution (Bank) [3 digits]
Account [7-12 digits]	
Name of Financial Institution	
Name(s) of Account Holder(s) <i>(if different than the Donor named in Section A)</i>	

Terms of Agreement

Definitions

Payor – That is the holder of the account identified in Section C. This form must be filled out and authorized by the Payor.

PAD – That stands for *Pre-Authorized Debit*, the form of payment by which Camp Homewood issues a pre-authorized debit transaction which is drawn on the account of the Payor.

The debits authorized from this agreement are charitable donations and therefore categorized as *Personal PADs*.

Privacy

The information provided in this form will be used and disclosed to Camp Homewood administrative staff for the sole purpose of issuing PADs in accordance with the terms of this agreement. All personal information will be protected, used, and disclosed in accordance with the *Privacy Act*. Under the *Privacy Act*, you have the right to access your personal information and to request a correction. Should you have any questions, please contact our office using the contact info on the first page.

Amount and Frequency

The amount debited will be the amount identified in Section B. This amount will remain fixed unless you, the Payor, provide notice to Camp Homewood authorizing an alteration to the amount.

The frequency of these debits will be the frequency identified in Section B.

One-Time PAD – For a One-time PAD, this PAD Agreement will no longer be valid once the debit has been fulfilled. Any subsequent PAD(s) require a new PAD Agreement, which requires this form to be filled out and authorized (signed and dated) once again.

Monthly PAD – For a Monthly PAD, transactions will commence on either the 1st or the 15th (whichever was chosen in Section B) of the earliest date which postdates the authorization date (below) of this agreement. If Camp Homewood does not receive this authorized agreement at least 2 business days prior to the scheduled commencement date, then transactions will commence the following month.

Camp Homewood will continue to process Monthly PADs in accordance with this agreement unless you, the Payor, provide notice to Camp Homewood to alter the amount or frequency, or to cancel this agreement.

Cancellation of Agreement

You, the Payor, may revoke your authorization at any time, subject to providing notice to Camp Homewood. Camp Homewood may cease issuing PADs either in accordance with the terms of this agreement or, where cancellation is not addressed, in accordance with Rule H1 of *Payments Canada*. For more information on your right to cancel a PAD Agreement, visit your financial institution or www.payments.ca.

Change of Account Information

You, the Payor, must provide notice to Camp Homewood of any change with respect to the account identified in Section C that would impact the ability to successfully process the PAD. This notice must be provided at least 2 business days prior to the next scheduled transaction.

Recourse & Reimbursement

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, contact your financial institution or visit www.payments.ca.

Waiver of Confirmation & Advance Notice

You, the Payor, agree to waive your right to confirmations of the amount and date of processed PADs and agree that you do not require advance notice of the amount and date of the PADs before the transactions are processed.

Authorization to Debit Account

You, the Payor, confirm that you have authority under the terms of your financial institution's account agreement to authorize this debit, agree to the terms of this agreement, and authorize Camp Homewood to make PAD transactions in accordance with this agreement.

Signature	Date
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Please complete this form in its entirety. When done, you can mail or scan *both pages* to us using the contact info on the first page. *Please do not email us a photo of your form.*

FOR OFFICE USE ONLY	
Date processed/set up in PAD Processor	
Scheduled date of first transaction (for Monthly PAD)	