

Father's Heart Projects - PAYOR'S PAD AGREEMENT – Personal Pre-Authorized Debit Plan

Authorization of the Payor to the Payee to Direct Debit an Account or Credit Card

Instructions:

1. Please complete sections A, C, and either D1 or D2, to authorize FHP to make payments directly from your account.
2. **Mail option:** please mail this completed and signed document (along with a **blank cheque** marked "VOID" if you are using your Chequing account for your donation), to the PAYEE in Section B.
3. **Fax option:** please fax this completed and signed document (along with a **photocopy** of your cheque marked "VOID" if you are using the Chequing option) to (403) 730-1640.
4. **E-mail option:** please e-mail this completed and signed document (along with a photocopy of your cheque marked "VOID" if you are using the Chequing option) to office@fathersheartprojects.org.

A) PAYOR INFORMATION (PLEASE PRINT CLEARLY)

Payor Name(s)	
Address	
Telephone	Email Address
Signature of Payor(s)	Date

B) PAYEE INFORMATION

Payee Name:	Father's Heart Projects Foundation	Telephone: (403) 274 - 8955
Address:	9834 Hidden Valley Drive NW, Calgary, AB. T3A 5L2	

C) PAYMENT INFORMATION

Please designate to:	<input type="checkbox"/> Child sponsorship	(Please specify amount) _____	
	<input type="checkbox"/> Widow sponsorship	(Please specify amount) _____	
	<input type="checkbox"/> Other _____	(Please specify amount) _____	
Occurring: (Please check one)	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi - Weekly	<input type="checkbox"/> Weekly
If Monthly, on which date: (Please check one)	<input type="checkbox"/> 1 st of the month	<input type="checkbox"/> 16 th of the month	
Begin on the Month of:	_____		

D) PAYOR FINANCIAL INSTITUTION/BANKING INFORMATION (please print clearly)

1) For Chequing or Savings Account Debits

Branch # (usually 5 - digits)	Institution # (usually 3 - digits)	Account #
Name of Financial Institution		
Branch		
Branch Address		
City/Province	Postal Code	

2) For Credit Card Debits

Credit Card Type (Please check one)	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Amex
Name On Card	Card Number	Expiry Date	