

VICTORIA LIFELINE PRE-AUTHORIZED DEBIT AGREEMENT (PAD)

CLIENT NAME, *If other than the PAYOR:*

Client #: _____

1. PAYOR INFORMATION:

Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____

2. BANK ACCOUNT INFORMATION:

Transit # : _____ Financial Institution # : _____ Account # : _____
(5 digits) (3 digits)

Financial Institution: _____

Address: _____

Chequing: _____ Savings: _____

3. PRE-AUTHORIZED DEBIT (PAD) DETAILS:

You, the Payor, authorize Victoria Lifeline to debit the bank account identified above for payment of your **Initial Payment** \$ _____

You, the Payor, authorize Victoria Lifeline to debit the bank account identified above for **the ongoing Monthly Monitoring Fee** \$ _____

You, the Payor, may revoke your authorization at any time in writing or by phone subject to provision of 30 days notice in accordance with the Victoria Lifeline Service Agreement.

4. WAIVER OF PRE-NOTIFICATION:

You, the Payor, waive any and all requirements for pre-notification of debiting, including, without limitation, any changes in the amount of the PAD due to a service fee increase (with appropriate notice), equipment changes and upgrades or payment adjustments to accommodate previous debits or credits.

Signature of Account Holder:

Signature of Joint Account Holder: *(if applicable)*

Date: _____

Date: _____

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.cdnpay.ca.

When the form is complete, mail or fax to:

Victoria Lifeline
1-756 Pembina Hwy
Winnipeg, MB R3M 2M7
Telephone: (204) 956-6777 or 1-888-722-5222
Fax: (204) 261-7719 or 1-877-784-6865

Victoria Lifeline is a not-for-profit program of the Victoria General Hospital Foundation

