



Partners In Hope Recovery Society

1906 – 615 Belmont Street, New Westminster, BC V3M 6A1

Phone: 604-215-0335

E-mail: pihrecovery@gmail.com

Website: www.partnersinhope.ca

Date: _____

I/We want to support Partners In Hope Recovery Society through monthly pre-authorized debit donations.

Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ E-Mail Address: _____

PLEASE DEBIT MY BANK ACCOUNT AS FOLLOWS:

Total Monthly Contribution: \$_____ Commencing: _____

Bank Name: _____

Bank Branch Address: _____

Account Number: _____ Transit Number: _____

Please attach a void cheque if available.

I/We may revoke my/our authorization at anytime subject to providing 30 days notice.

The debit will be processed to my account on the 20th day of each month.

I/We agree that for the purpose of this agreement all pre-authorized debits from my/our account will be treated as personal.

Signature: _____

Date: _____

This program is administered by Partners in Hope Recovery Society through a third party provider.