

Thank you for donating to KCTS 9.

Fill out this form to make ongoing monthly or quarterly donations through automatic bank transfer (ACH).
(You can also make your donation at KCTS9.org/donate with your credit/debit card.)

1

MEMBER INFORMATION

NAME

PHONE

ADDRESS

EMAIL

CITY

PROVINCE

POSTAL CODE

DONOR NUMBER

2

DONATION INFORMATION The debit will be processed on the selected day or the next business day.

DONATION AMOUNT (MIN \$5/MONTH)

STARTING DATE

FREQUENCY (CHECK ONE)

MONTHLY

QUARTERLY

1ST OF MONTH

20TH OF MONTH

3

DIRECT DEBIT (ACH)

DEBIT FROM MY: PERSONAL BUSINESS BANK ACCOUNT

TRANSIT #

FINANCIAL INSTITUTION #

ACCOUNT #

**** A BLANK CHEQUE MARKED "VOID" MUST BE SENT WITH THIS FORM ****

MEMO _____

⑈ 1 2 3 4 ⑈ 1: 1 2 3 4 5 ⑈ 1 2 3 1: 1 2 ⑈ 3 4 5 6 7 ⑈

CHEQUE
NUMBER

TRANSIT
NUMBER

FINANCIAL
INSTITUTION

ACCOUNT
NUMBER

4

TERMS OF AGREEMENT

My authorization for KCTS 9 to debit my donation from my bank account shall remain in effect until I notify KCTS 9 that I wish to end this agreement, subject to providing notice of fourteen (14) business days. I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD Agreement. To obtain a sample cancellation form, more information on my right to cancel a PAD Agreement or my recourse rights, I may contact my financial institution or visit cdnpay.ca.

SIGNATURE

DATE

5

RETURN THIS FORM AND A VOIDED CHEQUE TO:

Sustaining Membership
KCTS 9
609-2818 Main Street
Vancouver, BC V5T 0C1

QUESTIONS?

Please contact Member Services at
1.800.937.5287 or membership@KCTS9.org