

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](https://www.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