

## Thank you for donating to Cascade PBS!

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

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### member information

name \_\_\_\_\_ phone \_\_\_\_\_  
address \_\_\_\_\_ email \_\_\_\_\_  
city \_\_\_\_\_ province \_\_\_\_\_ postal code \_\_\_\_\_ donor number \_\_\_\_\_

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### donation information The debit will be processed on the selected day or the next business day.

\_\_\_\_\_ per month  
donation amount (min \$5/month) \_\_\_\_\_ starting date \_\_\_\_\_

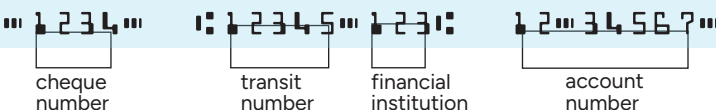
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### direct debit (ach)

debit from my: ☐ personal ☐ business bank account

transit # \_\_\_\_\_ financial institution # \_\_\_\_\_ account # \_\_\_\_\_

**\*\* a blank cheque marked "void" must be sent with this form \*\***

memo \_\_\_\_\_  
  
 cheque number      transit number      financial institution      account number

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### terms of agreement

My authorization for Cascade PBS to debit my donation from my bank account shall remain in effect until I notify Cascade PBS 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](https://cdnpay.ca).

signature \_\_\_\_\_ date \_\_\_\_\_

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### return this form and a voided cheque to:

Sustaining Membership  
Cascade PBS  
609-2818 Main Street  
Vancouver, BC V5T 0C1

questions?  
Please contact Donor and Audience Relations at  
1.800.937.5287 or [customerservice@cascadepbs.org](mailto:customerservice@cascadepbs.org)