

# SIGN ME UP! I'd like to become a member and make a donation today!

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province/State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I'd like to donate \$ \_\_\_\_\_

One time donation

Monthly payment of \$ \_\_\_\_\_

## Method of Payment

Cash

Cheque

Visa

Mastercard

PAD

Credit Card Number \_\_\_\_\_ Expiry Date (month/year) \_\_\_\_\_

Name that appears on card \_\_\_\_\_ Signature: \_\_\_\_\_

I'd like to be recognised in the programme as: \_\_\_\_\_  Anonymous

**I wish to pay by PAD (pre-authorized debit) transfers from my personal bank account.**

\*Attach a specimen cheque to this authorisation which has been marked "VOID".

Please complete the sections below:

I, \_\_\_\_\_, hereby authorise the Vancouver Folk Music Festival (the "Society") to transfer funds in the amount of \$ \_\_\_\_\_ on a monthly basis as stated from the above-specified payment form to the Society's account (by pre-authorized transfer from my bank account).

The Pre-Authorised Payments will begin on the 15th day of the month, or next business day (after receipt of this form), and will occur on the same calendar day of each and every subsequent month without further notification unless and until I revoke this authorisation in writing to the Society. I may revoke my authorisation at any time in writing, subject to providing notice of 30 days. To do so I will contact the festival society at the address listed below. 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 authorised or is not consistent with this PAD Agreement. To obtain more information on my recourse right, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Vancouver Folk  
Music Festival