



**Pre-Authorized Payment Form  
HOPE HOUSE**

Date: \_\_\_\_\_

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Last Name

First Name

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Address

City

Postal Code

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Phone #

Email

I authorize Hope House and the financial institution designated (or any other financial institution I may authorize at any time) to begin debits as per my instructions detailed as follows:

Financial Institution Information: (attach VOID cheque)

Debit Frequency: Monthly (1<sup>st</sup>) \_\_\_\_\_ Monthly (15<sup>th</sup>) \_\_\_\_\_

Debit Amount \$ \_\_\_\_\_ Start Date \_\_\_\_\_

This donation is made on behalf of: \_\_\_\_\_ an Individual \_\_\_\_\_ a Business

I may revoke or modify this authorization at any time, subject to providing notice of at least ten (10) business days before the next scheduled debit at the address provided below.  
give@hopehouseguelph.ca

John Collins  
Hope House  
10 Cork St East  
Guelph, Ontario  
N1H 2W8

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 this PAP agreement.