



THE CANADIAN INSTITUTE
FOR INFORMATION
AND PRIVACY STUDIES

PRE-AUTHORIZED PAYMENT PLAN

Canadian Institute for
Information and Privacy
Studies Society

5383 Granville Street
Vancouver, BC V6M 3C2

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Reg. Charity# 83848 3949 RR0001

The Pre-Authorized Payment Plan is an easy way to make donations to CIIPS —it eliminates cheque writing and postage costs.

Your permission is all that is required for CIIPS to have your bank or financial institution withdraw the amount of your donation.

To take advantage of the Pre-Authorized Payment Plan, simply complete the authorization form below.

Please make sure that all people with signing authority on your bank account sign the authorization form.

**Mail or email the form using the addresses below,
along with a cheque marked “VOID”.**

AUTHORIZATION FORM FOR PRE-AUTHORIZED PAYMENTS

Name (*Please print*): _____ Tel: _____ Email: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

I authorize CIIPS to debit my bank account monthly (**attach void cheque**) for the amount of \$ _____ on or after the _____ day of each month

Financial Institution No: _____ Branch Transit Number: _____ Acct Number: _____
(3-digit) (5-digit)

Account Holder's Name: _____

Account Holder's Signature: _____ Date Signed: _____

Check one:

Please send my tax receipt once a year, at year end only

I require monthly receipts

Thank you! Please mail this form with a sample cheque marked “Void” to:

**CIIPS
5383 Granville Street
Vancouver, BC V6M 3C2**

Or you may email this form and a scanned sample “Void” cheque to ciips@ciips.ca.

- I may revoke my authorization at any time in writing or by phone, subject to providing notice of at least ten (10) business days.
- I agree to notify CIIPS in writing of any changes in my account information or termination of this authorization at least 10 days prior to the next debit date.
- I agree that no prior notification of debit will be provided.
- If any debit made under this agreement is not authorized or does not comply with this agreement, I have the right to receive full reimbursement.