



Donor Information

Name: _____

Address: _____ City: _____

Province: _____ P.C. _____ Phone: _____

Email: _____

Payment Information

I/We authorize the above charity to debit my account for regular reoccurring payments and/or onetime payments from time to time for payment of all charges arising under my/our account.

Pre-Authorized Debit Terms

Authorization

I/We authorize the above Charity to debit my bank account as outlined in the payment terms of this agreement.

Notification

I/We agree to waive any legislative or regulatory requirements for pre-authorization.

Recourse

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/We have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD agreement. To obtain more information about your resource rights, you can visit www.payments.ca

Cancellation

This authority is to remain in effect until the above charity has received written notification from me/us of its change or termination. This notification must be received within ten (10) days before the next debit is scheduled. I/We may obtain a sample cancellation form or more information on my/our right to cancel a PAD Agreement at www.payments.ca

Transaction Details

**Please attach a VOID cheque*

Branch Transit # _____ Account # _____ Institution ID# _____

Max Authorized Amount \$ _____ Start Month _____ Day of Month _____

Authorized Signature(s) _____ Today's Date _____