

4.5 Sample Payor's PAD Agreements

SAMPLE A

Pre-authorized Debit (PAD) Agreement

ABC Charity	Date: _____
I want to support [ABC Charity or insert description of the activity] through monthly donations.	
Please debit my bank account: (attach VOID cheque)	
<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 Other Amount _____ (specify)	
<i>The debit will be processed to your account on the 18th day of each month or the next business day.</i>	
Signature: _____	_____ ①
Donor Name: _____	
Address/Contact Information: _____	

This donation is made on behalf of: _____ an Individual _____ a Business	
I may revoke my authorization at any time, subject to providing notice of (Payee to insert period - <u>not to exceed 30 days</u>). To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca .	
ABC Charity 1234 Main Street City, Province, Postal Code Tel: 1-800-999-9999 E-mail: departmentname@abccharity.org	← ←
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 PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca .	
LEGEND	
1. Date and Signature 2. Authorization to Debit Specific Account 3. PAD Category (personal, business, funds transfer) 4. Amount/Timing	5. Cancellation of Agreement 6. Contact Information 7. Recourse Statement