

GRACE GATINEAU
PERSONAL PRE-AUTHORIZED
DEBIT (PAD) AGREEMENT

Date: _____ (YYYY-MM-DD)

I wish to support GRACE GATINEAU through regular **Personal** Pre-authorized Debit (PAD) Agreement donations.

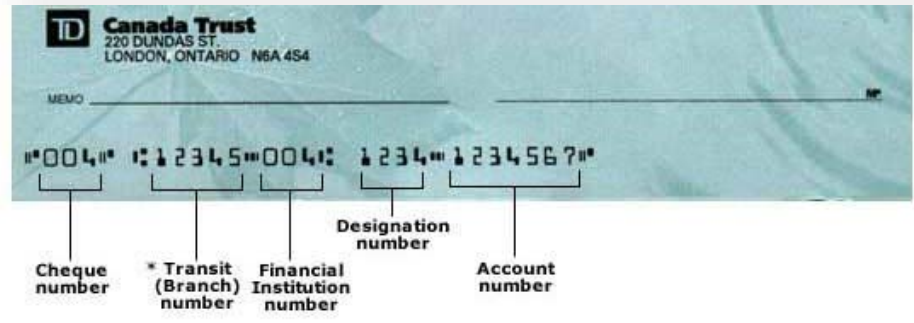
My support is designated for: GENERAL DONATIONS

OTHER

Please debit account: Transit No. | ___|___|___|___|___| Inst. No. | ___|___|___|

Account No. | ___|___|___|___|___|___|___|___|___|___|___|___|___|

Please refer to example below. Transit Number, Financial Institution Number, and Account Number may be found on your cheques.



Amount: \$ _____

Frequency: _____
(Weekly/Monthly/One-Time/Other)

Donor Name: _____ Signature: _____

Address: _____

Email: _____

Phone: _____

111-222-3333

CANCELLATION OF AGREEMENT:

- (a) Payor may revoke my authorization at any time, subject to providing notice (not to exceed 30 days)
- (b) The Payee may cease issuing PADs

The Payor may obtain a sample cancellation form, or further information on their right to cancel a PAD Agreement, at their financial institution or by visiting www.payments.ca.

RECOURSE STATEMENT:

You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights, you may contact your financial institution or visit www.payments.ca.

CONTACT INFORMATION:

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