4.5 Sample Payor's PAD Agreements

SAMPLE A

Pre-authorized Debit (PAD) Agreement

ABC Charity	Date: _	
I want to support [ABC Charity monthly donations.	or insert description of th	e activity] through
Please debit my bank account: (a	ttach VOID cheque)	
The debit will be processed to your account o	other Amount	(specify)
The debit will be processed to your account o	on the 18 th day of each month or	the next business day.
Signature:		7-0
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 days). To obtain a sample cancellation form, or formay contact my financial institution or visit www.	et to providing notice of (Payee to or more information on my right to	insert period - not to exceed 3
I may revoke my authorization at any time, subject days). To obtain a sample cancellation form, or for	et to providing notice of (Payee to or more information on my right to	insert period - not to exceed 3
I may revoke my authorization at any time, subject days). To obtain a sample cancellation form, or formay contact my financial institution or visit www. ABC Charity 1234 Main Street	et to providing notice of (Payee to or more information on my right to	insert period - not to exceed 3
I may revoke my authorization at any time, subject days). To obtain a sample cancellation form, or formay contact my financial institution or visit www. ABC Charity 1234 Main Street City, Province, Postal Code	et to providing notice of (Payee to or more information on my right to	insert period - not to exceed 3
I may revoke my authorization at any time, subject days). To obtain a sample cancellation form, or formay contact my financial institution or visit www. ABC Charity 1234 Main Street City, Province, Postal Code Tel: 1-800-999-9999	et to providing notice of (Payee to or more information on my right to .cdnpay.ca.	insert period - not to exceed 3
I may revoke my authorization at any time, subject days). To obtain a sample cancellation form, or formay contact my financial institution or visit www. ABC Charity 1234 Main Street City, Province, Postal Code Tel: 1-800-999-9999 E-mail: departmentname@ai	et to providing notice of (Payee to or more information on my right to ednpay.ca.	insert period - not to exceed in cancel a PAD Agreement, I
I may revoke my authorization at any time, subject days). To obtain a sample cancellation form, or formay contact my financial institution or visit www. ABC Charity 1234 Main Street City, Province, Postal Code Tel: 1-800-999-9999 E-mail: departmentname@ai	to providing notice of (Payee to or more information on my right to odnpay.ca. becharity.org	example, I have the right to
I may revoke my authorization at any time, subject days). To obtain a sample cancellation form, or formay contact my financial institution or visit www. ABC Charity 1234 Main Street City, Province, Postal Code Tel: 1-800-999-9999	becharity.org comply with this agreement. For thorized or is not consistent with the	example, I have the right to his PAD Agreement. To
I may revoke my authorization at any time, subject days). To obtain a sample cancellation form, or formay contact my financial institution or visit www. ABC Charity 1234 Main Street City, Province, Postal Code Tel: 1-800-999-9999 E-mail: departmentname@ai I have certain recourse rights if any debit does not receive reimbursement for any debit that is not au	be to providing notice of (Payee to or more information on my right to occupance. becharity.org comply with this agreement. For thorized or is not consistent with the may contact my financial institution	example, I have the right to his PAD Agreement. To
I may revoke my authorization at any time, subject days). To obtain a sample cancellation form, or formay contact my financial institution or visit www. ABC Charity 1234 Main Street City, Province, Postal Code Tel: 1-800-999-9999 E-mail: departmentname@ai I have certain recourse rights if any debit does not receive reimbursement for any debit that is not autobtain more information on my recourse rights, I in the part and Signature.	becharity.org the comply with this agreement. For thorized or is not consistent with the may contact my financial institution. LEGEND 5. Cancellation of Agreement.	example, I have the right to nor visit www.cdnpay.ca.
I may revoke my authorization at any time, subject days). To obtain a sample cancellation form, or formay contact my financial institution or visit www. ABC Charity 1234 Main Street City, Province, Postal Code Tel: 1-800-999-9999 E-mail: departmentname@ai I have certain recourse rights if any debit does not receive reimbursement for any debit that is not autobtain more information on my recourse rights, I in the contraction of the province of the count o	becharity.org comply with this agreement. For thorized or is not consistent with the may contact my financial institution. LEGEND 5. Cancellation of Agreement. For agreement.	example, I have the right to nor visit www.cdnpay.ca.
I may revoke my authorization at any time, subject days). To obtain a sample cancellation form, or formay contact my financial institution or visit www. ABC Charity 1234 Main Street City, Province, Postal Code Tel: 1-800-999-9999 E-mail: departmentname@ai I have certain recourse rights if any debit does not receive reimbursement for any debit that is not autobtain more information on my recourse rights, I in the province of	becharity.org the comply with this agreement. For thorized or is not consistent with the may contact my financial institution. LEGEND 5. Cancellation of Agreement.	example, I have the right to nor visit www.cdnpay.ca.

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