



**United Way
Centraide**
Stormont, Dundas
& Glengarry

United Way Centraide of SD&G
55 Water Street West, Suite 240/ 55, Rue Water Ouest
P.O. Box 441 Case Poste, Cornwall, Ontario K6H 5T2
Tel. 613-932-2051 Unitedwaysdg.com



PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Date _____

I want to support United Way Centraide of Stormont, Dundas and Glengarry through personal monthly donations.

Please debit my bank account: *(attached VOID cheque)*

The debit will be processed to your account on the 15th day of each month or the next business day.

- | | |
|----------------------------------|--|
| <input type="checkbox"/> \$10.00 | <input type="checkbox"/> \$50.00 |
| <input type="checkbox"/> \$20.00 | <input type="checkbox"/> \$100.00 |
| <input type="checkbox"/> \$35.00 | <input type="checkbox"/> Other Fixed Amount \$ _____ |

Signature: _____

Donor Name: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

This donation is made on behalf of:

- an Individual
 a Business

I may revoke my authorization at any time, subject to providing notice of 7 days prior to the payment date (15th day of each month) to: United Way Centraide of S.D. & G Accounting Department.

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

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



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PRE-AUTHORIZED DEBIT (PAD) CANCELLATION NOTICE

Date: _____

To: United Way of Stormont, Dundas and Glengarry

I/We, _____ (PAD name), cancel my/our authorization
to issue Pre-Authorized Debit (PAD) in the amount of \$ _____ effectively on
_____ (date)

Signed _____
Payor /Valid Signing Authority(ies)

Where the Payor's account agreement requires the signature of two or more signing authorities, the signatures of all such person are required for the purpose of this Cancellation Notice.