



**Pre-Authorized Debits (PADS) MONTHLY DONATIONS
Payor's PAD Agreement**

1. Donor Information (Please print clearly)

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____ **Monthly Donation Amount: \$** _____

Email: _____

2. Bank Account Information (Please attach VOID cheque)

Deposit Account #: _____ Branch Transit #: _____ Financial Institution # _____

Financial Institution Name: _____

Branch Address: _____

3. Pre-Authorized Debit (PAD) Details

You, the Payor, authorize Community Care Peterborough to debit the bank account identified above for payment of your **MONTHLY DONATION IN THE AMOUNT OF \$** _____ as per your agreement. This debit will occur the 1st Business Day of each month.

These services are for (check one) Personal Business Use

You, the Payor, may revoke your authorization at any time provided written notice is received within 15 days before the next scheduled PAD. To obtain a sample cancellation form, or for more information on your right to cancel a PAD agreement, contact your financial institution or visit www.cdnpay.ca.

Signature of Account Holder: _____

Signature of joint Account Holder (if applicable) _____

Sign here: _____

Sign here: _____

Name: _____

Name: _____

(Please print)

(Please print)

Date: _____

Date: _____

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, contact your financial institution or visit www.cdnpay.ca

When the form is complete, mail, fax or email to: Alicia Vandine – Donor Relations and Communications Lead
Community Care Peterborough
185 Hunter St E
Peterborough, ON K9H 0H1
Fax: 705-745-6011
Email: donations@commcareptbo.org