



*Our mission is to empower spiritual growth and shared action for the care of our world.*

**PRE-AUTHORIZED DEBIT (PAD) AGREEMENT**  
FOR RECURRING DONATION PAYMENTS FROM **CHEQUING** ACCOUNTS

**FILLING OUT THE FORM:** If you require assistance filling out this form, please contact Hala at 416-686-6809 or office@nuuc.ca

**DONOR INFORMATION:** (Please use pen and print clearly)

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_

- **Financial Institution:** \_\_\_\_\_
- **Effective Date of Donation Withdrawals:** \_\_\_\_\_  
(First day of every month ie: Jan 1, 2016)

**Please note:** If preferred, you can split your monthly donation into two withdrawals the 1<sup>st</sup> and the 15<sup>th</sup>. The withdrawals will be processed the first day the office is open after the 1<sup>st</sup> and 15<sup>th</sup> of the month.

- **Effective Date of Second Monthly Donation Withdrawal (if applicable):** \_\_\_\_\_
- **Amount of Recurring Donation:** \$ \_\_\_\_\_

**BANK INFORMATION FOR PERSONAL CHEQUING ACCOUNT:** Please attach to this form a personal cheque clearly marked "VOID". *Please do not sign the cheque*

**\* PLEASE TURN OVER FOR MORE INFORMATION \***

**Pre-Authorized Debit (PAD) Details:**

You, the payor, authorize NEIGHBOURHOOD UNITARIAN UNIVERSALIST CONGREGATION (NUUC) to debit the account of the financial institution you identified for your recurring donation as agreed upon by you, on the dates you indicated every month.

This service is for personal use only.

NUUC will be charged a \$50.00 fee for any NSF payments. Please let the office know early if you will not be able to cover your recurring PAD request.

NUUC has the right to terminate this agreement at any time upon notice to you.

You, the payor, may revoke or alter your authorization at any time, in writing simply by notifying the office. Notice should be given to the office a week before the cancellation takes effect. For more information on your right to cancel a pre-authorized debit agreement, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

**Signature of Account Holder:**

**Signature of Joint Account Holder  
(if applicable)**

\_\_\_\_\_

\_\_\_\_\_

**Name:** \_\_\_\_\_  
*(Please print)*

**Name:** \_\_\_\_\_  
*(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 agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).