



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/SAVING** ACCOUNTS

FILLING OUT THE FORM: If you require assistance filling out this form, please contact Hala at 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,

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

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

*** PLEASE CONTINUE NEXT PAGE FOR MORE INFORMATION ***

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

BANK INFORMATION FOR PERSONAL SAVING ACCOUNT:

Branch transit Number: (5 digits) _____

Institution ID number: (3 digits) _____

Account number (5 to 12 digits) _____

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.

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.