

Pre-Authorized Debit (PAD) Agreement

Date: _____

I want to support United Way of Calgary and Area through monthly donations.

Please debit my bank account: (attach Void cheque)

\$25 \$50 \$75 \$100 Other Amount \$_____

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

Donor Name: _____

Mailing Address: _____

Phone: _____

Email: _____

Signature:

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 of Calgary and Area
Finance Department
600,105 12 Ave SE
Calgary, AB T2G 1A1
Phone: (403) 231- 6265
Fax: (403) 355-3135
Email: payments@calgaryunitedway.org

Pre-Authorized Debit (PAD) Agreement

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