



Pre-Authorized Debit (PAD) Agreement

Date: _____

I want to support United Way Leeds & Grenville through monthly donations.

Please debit my bank account: (attach a VOID cheque)

Amount: \$25 \$50 \$100 Other Amount _____
(specify)

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

Signature: _____

Donor Name: _____

Address: _____

Phone: _____

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 14 days prior to the payment date (15th day of each month or the next business day). To obtain a sample cancellation forms, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca.

United Way Leeds & Grenville
P.O. Box 576, 42 George Street
Brockville, ON K6V 5V7
Phone: 613-342-8889
Email: info@uwlg.org

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.