

PRE-AUTHORIZED DEBIT AGREEMENT (PAD) PAYOR'S AUTHORIZATION



**THE CITIZENS FOUNDATION
CANADA**

8-407 Iroquois Shore Rd., Suite 143
Oakville, ON L6H 1M3
Tel: (416) 428-4192

Account holder name and account number			
First and Last Name of Account Holder	Telephone number	e-mail address	
Address (Street, City Province)		Postal Code	
Name of Financial Institution (or attach a void chq)	Institution number	Transit number	Account number
Address of Financial Institution			
Authorization of Withdrawal from Bank Account			
I want to Donate to The Citizens Foundation Canada (hereinafter ``TCF``):			
<input type="checkbox"/> One-time <input type="checkbox"/> Monthly <input type="checkbox"/> Annual			
Please debit my bank account for the following amount:			
<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 Other Amount _____ (specify)			
This donation is:			
General Donation <input type="checkbox"/> Zakat <input type="checkbox"/> Fitra/Sadqa <input type="checkbox"/> Mothers'/Fathers' Day Gift <input type="checkbox"/>			
In Memory of <input type="checkbox"/> or In Honour of <input type="checkbox"/> Mr/Mrs/Ms _____			
Or Gift Registry Donation <input type="checkbox"/> for Mr/Ms/Mrs _____ Other _____ (specify)			
Draw day (select between 1st and 15th): _____ Other Special Instructions _____			
Type of PAD Agreement: <input type="checkbox"/> Personal/individual <input type="checkbox"/> Business <input type="checkbox"/> Funds transfer			

Waiver

I agree to waive any written notice before the first debit is made or when any change is made to the above debit.

Cancellation of Agreement

I may revoke my authorization at any time, subject to providing notice of (Payee to insert period- not to exceed 30 days). 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

Authorization to collect and communicate personal information

*I consent to disclose of the personal information in this agreement to TCF financial institution **Signature***

*I guarantee that all person whose signature are required for this account have signed this agreement **Re-imburement***

I have certain rights of recourse if a PAD does not comply with the terms of this agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or that is not consistent with this PAD agreement. For more information on my rights of recourse, I may consult with my financial institution or visit www.cdnpay.ca

Signature: _____ date: _____

IMPORTANT: Please attach a personal cheque marked "VOID" to avoid errors in transcription.