

# Pre-Authorized Debit (PAD) Agreement

Date: \_\_\_\_\_

I would like to support Orillia Soldiers' Memorial Hospital Foundation through donations on the interval selected below:

Weekly     Monthly     Quarterly     Yearly     Other: \_\_\_\_\_

Please debit my bank account: \$ \_\_\_\_\_ (please attach a VOID cheque)

Start Date (M/D/Y): \_\_\_\_\_ End Date (M/D/Y): \_\_\_\_\_

*The debit will be processed to your account on depending on your starting date and the interval chosen above (ex. Monthly starting November 15<sup>th</sup> – your debit will be processed on the 15<sup>th</sup> of every month).*

*If the transaction date falls on a weekend or holiday the transaction will be processed the next business day (ex. If the first of the month is the date of the transaction then in January the donation will be processed the next business day as the first of January is a holiday).*

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Signature: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

This donation is made on behalf of:  an Individual                       a Business

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*I may revoke my authorization at any time, subject to providing notice of 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](http://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](http://www.cdnpay.ca).*

For changes or questions regarding the PAD Agreement, please contact:

Lisa Stanley CFRE, Director, Finance & Development



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