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: $ ________________
Start 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 15th – your debit will be processed on the 15th 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).

Signature: x____

Name: ____

Company Name (if applicable) _________________________________

Address: ____

City: ___________ Province:___________ Postal Code: _________

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.

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.

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

Lisa Stanley CFRE, Director, Finance & Development
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