

Pre Authorized Debit (PAD) Agreement



Date _____

I would like to support the Burlington Humane Society! This donation is made on behalf of:
_____ an Individual; _____ a Business

Please debit my bank account _____ one time only _____ weekly _____ bi-weekly _____ monthly for:

_____ \$25 _____ \$50 _____ \$75 or Other Amount \$ _____ (please specify)

Name _____

Street Address _____

City _____ Province _____ Postal Code _____

Telephone # _____ Cell # _____

Email address _____

Attach a VOID cheque or complete the following:

Financial Institution number _____

Branch Transit number _____

Account number _____

You, the Payor, authorize Burlington Humane Society to debit the bank account identified above for \$ _____ on the _____ day(s) of the month.

You, the Payor have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. In addition, the payor may revoke their authorization at any time, in writing subject to providing 21 days notice. To obtain a sample cancellation form or more information on your recourse rights, you may contact your financial institution or visit: www.cdnpay.ca.

Signature of Account Holder:

_____ Date _____

When this form is complete, mail it or fax it to:

Burlington Humane Society
740 Griffith Court, Burlington On. L7L 5R9
Tel: 906-637-7325 Fax: 905-637-7391