



## Hospice Huntsville

### Pre-authorized Debit (PAD) Agreement

**I wish to support Hospice Huntsville through monthly donations.**

Please debit my bank account: (attach void cheque or fill in Financial Institution info below)

\_\_\_\_\_ \$25 \_\_\_\_\_ \$50 \_\_\_\_\_ \$75 Other amount \$ \_\_\_\_\_

This donation is made on behalf of \_\_\_\_\_ an individual \_\_\_\_\_ a business

(The debit will be processed to your account on the 18<sup>th</sup> day of each month or the next business day.)

Signature of Donor: \_\_\_\_\_

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

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

Address/Contact Information: \_\_\_\_\_

Telephone: \_\_\_\_\_

Financial Institution (FI): \_\_\_\_\_

FI Account Number : \_\_\_\_\_ FI Transit Number : \_\_\_\_\_

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.

For more information, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

Hospice Huntsville  
100 Frank Miller Drive  
Huntsville, ON P1H 2N5  
Registered Charity #: 89025-9062 RR0001