

**YWCA Muskoka Dec. 6<sup>th</sup> Fund**  
**PRE-AUTHORIZED DEBIT AGREEMENT**



I the undersigned authorize **YWCA Dec. 6<sup>th</sup> Fund** to debit my account at the Financial Institution indicated, under the terms and conditions agreed to by me with **YWCA Dec. 6<sup>th</sup> Fund**.

**Financial Institution Information: (fill in below or attach a blank voided cheque)**

Name Of Financial Institution	Address	City	Province
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

  

Account No. To Be Debited	Bank No. (3 digits)	Transit No (5 digits)	Account Holders Name(s) (please print)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I have read and understood the terms and conditions on the reverse and hereby accept them as a condition of my participation in **YWCA Dec. 6<sup>th</sup> Fund's** Pre-Authorized Debit Agreement.

\_\_\_\_\_

Signature of Account Holder

\_\_\_\_\_

Date

***IMPORTANT- See Reverse for Terms and Conditions***

**Pre-Authorized Debit Details:**

Amount of Debit	Frequency (weekly, monthly, etc.)	Start Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

I understand that notification in writing of any change in the above noted amount; date or frequency will be received by me from **YWCA Dec. 6<sup>th</sup> Fund** at least 10 calendar days before the due date of the PAD, unless the Pre-notification waiver on the reverse of this form has been signed by me/us.

*Continued on reverse ...*

## Terms & Conditions

1. I hereby authorize **YWCA Muskoka Dec. 6<sup>th</sup> Fund** and my financial Institution to process Pre-Authorized Debits (PADs) against my account in accordance with the rules of the Canadian Payments Association.
2. I warrant and guarantee that all persons whose signatures are required to sign on this account have signed this Authorization.
3. I acknowledge that providing and delivering this Authorization to **YWCA Muskoka Dec. 6<sup>th</sup> Fund** constitutes delivery to my financial institution.
4. I will inform the **YWCA Muskoka Dec. 6<sup>th</sup> Fund** in writing of any change in account information provided in this Authorization prior to the next due date of the PAD.
5. I acknowledge that my Financial Institution need not verify that a PAD has been issued in accordance with the particulars of my Agreement with **YWCA Muskoka Dec. 6<sup>th</sup> Fund.**
6. I hereby consent to the disclosure of any personal information contained in this Agreement to **YWCA Muskoka Dec. 6<sup>th</sup> Fund's** Processing Agent which is directly related to and necessary for the proper processing of the PADs indicated in this Authorization under the rules of the Canadian Payments Association.

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## Pre-notification Waiver

By signing below, I agree to waive the Pre-notification requirements indicated on the front of this Agreement, and by doing so, relieve **YWCA Muskoka Dec. 6<sup>th</sup> Fund** from any responsibility of informing me in writing, or otherwise, of any changes in the original amount, date or frequency indicated on the front of this Agreement.

X \_\_\_\_\_  
Signature of Account Holder