



## Pre-Authorized Debit (PAD) Agreement

I want to support the Community YWCA of Muskoka through monthly donations.

Donor Name:

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Address:

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Please debit my bank account: *(Please attach VOID cheque)* Date to begin PAD: *(mm/dd/yyyy)* / /

\$25 \_\_\_\_\_ \$50 \_\_\_\_\_ \$75 \_\_\_\_\_ Other amount: *(please specify)* \$ \_\_\_\_\_

*The debit will be processed to your account on the 20<sup>th</sup> day of each month or the following business day.*

### Bank Account information:

Bank Name & Address:

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Transit #: *(5 Digits)* \_\_\_\_\_ Financial Institution #: *(3 Digits)* \_\_\_\_\_ Acct. #: *(Max. 12 Digits)* \_\_\_\_\_

Signature:

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I may revoke my authorization at any time. 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).

**The Community YWCA of Muskoka**  
440 Ecclestone Drive  
Bracebridge ON P1L 1Z6  
705-645-9827  
Email: [office@ywcamuskoka.com](mailto:office@ywcamuskoka.com)  
[www.ywcamuskoka.com](http://www.ywcamuskoka.com)  
Charitable Tax # 890754021 RR0001

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)