



## Pre-Authorized Monthly Donation Agreement

I/we authorize Planned Parenthood Waterloo Region (soon to be SHORE Centre) to make monthly automatic withdrawals of:

\$10       \$25       \$50       \$100       other \$ \_\_\_\_\_

from my/our account starting on the 15<sup>th</sup> of \_\_\_\_\_ (month).

**I/we are attaching a void cheque.**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

I/we understand that:

- I/we may revoke my authorization at any time by giving 10 business days' notice to SHORE Centre in writing. 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 will inform SHORE Centre in writing, of any change in the Account information provided in this authorization 10 business days prior to the next due date of the Pre-Authorized Debit.
- I/we have 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)

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

Due to high service charges on credit cards we prefer monthly donations to be made through automatic withdrawal from chequing accounts. However if donors wish, monthly credit card donations can be accepted.

Credit Card Number: \_\_\_\_\_ Expiry Date \_\_\_\_ / \_\_\_\_ Card Verification Number \_\_\_\_

Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

*Please complete this form and return to the below address.*

Honouring sexuality, diversity and choice.