



PRE AUTHORIZED DEBIT AGREEMENT PAYOR'S PAD AGREEMENT

DONOR INFORMATION

Name(s)	
Street Address	City, Province
Postal Code	Phone Number
Email Address	

MONTHLY DONATION DETAILS

☐ \$20 ☐ \$50 ☐ \$100 ☐ Other: _____ (specify amount)

BANKING INFORMATION (or attach a void cheque)

Transit #	Institution #	Account #
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Tax receipts will be issued annually, in February via email.

☐ *I prefer to receive my tax receipt via letter mail.*

WITHDRAWAL INFORMATION

I, the undersigned, authorize Cambridge Food Bank to deduct the fixed amount I have specified above, from the account specified above, on the 15th day of each month. If the scheduled debit date falls on a weekend or a statutory holiday, the withdrawal will be processed on the next business day.

This Constitutes a ☐ personal PAD ☐ business PAD

Waiver: In the event that there are insufficient funds in the donor's account to cover a pre-authorized debit, the donor understands and agrees that they may be subject to a Non-Sufficient Funds (NSF) fee as determined and applied by their financial institution. The Cambridge Food Bank is not responsible for any such fees. The donor remains responsible for ensuring that sufficient funds are available in their account on the scheduled withdrawal date. By signing below, I acknowledge that I've received a copy of this agreement and waive all other confirmation before the first donation.

Change or cancellation: I shall inform the Payee, in a timely manner, of any changes to this Agreement. I retain the right to revoke my authorization at any time, with a pre-notification of 30 calendar days. To obtain a sample of the cancellation form or for more information on your right to cancel a PAD Agreement, I may contact my financial institution or visit the Canadian Payments Association Web site at www.cdnpay.ca. I agree to release the financial institution of any liability if the revocation is not respected, except in the case of gross negligence on its part. I agree that the financial institution at which I maintain the account is not required to verify that the payment is debited in accordance with this authorization. I also certify that every person whose signature is required for the operation of the aforementioned account has signed this authorization. I acknowledge that the delivery of this authorization to the Payee constitutes delivery by me to the aforementioned financial institution.

Signature: _____ Date: _____

Send your completed form to Sarah, Donor Development Manager at stooze@cambridgefoodbank.org

For more information call 519-622-6550, ext. 101