



HOPE.
CARE.
COMPASSION.



Pre- Authorized Debit Agreement

1. Customer Information (Please PRINT Clearly)

Donor Name: _____
 Address: _____
 Tel#: _____
 Email: _____

2. Bank Account Information - Account are for Business or Personal

Financial Inst. #	Transit #	Deposit #
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Bank: _____
 Branch Address: _____

3. (PAD) Details - Donation to Guelph Humane Society Inc. Monthly on the 1st Monthly on the 15th

Pre-Authorized Debit **MONTHLY AMOUNT OF:** \$ _____
BMO DEBIT Start Date: _____

You the Payor authorize Guelph Humane Society. to debit the bank account for the identified above amount monthly. I understand that the date may vary to the fact that our bank cannot guarantee the date of your bank will withdraw. Example of this could be a difference of next day, or business day since a bank a may be closed due to a holiday, etc.

You the payor may revoke your authorization at any time by writing an email to give@guelphhumane.ca and/or call 519-824-3091 subject to providing notice of 30 days. Copies of our policies and procedures are given upon each enrollment. You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

By signing this agreement, I the undersigned verify that the above is true, understand, and agree with all of the above;

Printed Name of Account Holder: _____ Signature: _____ Date: _____

OFFICE USE ONLY: Guelph Humane Society Representative

Printed Name: _____ Signature: _____ Date: _____

Please complete this form and return to Guelph Humane Society (190 Hanlon Creek Blvd., Guelph ON, N1C 0A1) by mail, or forms can also be scanned and emailed to give@guelphhumane.ca