GUELPH HUMANE SOCIETY

HOPE.
CARE.
COMPASSION.

Pre- Authorized Debit Agreement

1. Customer Information (Please PRINT Clearly)

Donor Name: _____

Address: _____

Tel#: _____

Email: _____

2. Bank Account Information - Account Type Business ☐ Personal ☐

Financial Inst. # Transit # Deposit #

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 your bank will withdraw. An example of this could be a difference of next day, or business day since a bank 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.

4. Fund Designation* (select one):

☐ Most Urgent Need ☐ Duke's Fund ☐ Building Fund ☐ Senior Cat Fund ☐ GHS Cares Program

*If one is not selected, the default chosen will be Most Urgent Need

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

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

Charitable Bus. No. 119236305RR0001