



Account holder name and account number

Last and first name(s) of account holder(s)			Telephone No.
Address (street, city, province)			Postal code
The name of the financial institution where the account is located	Institution No.	Transit No.	Account No. (with check digit)

Payee – Contact information

Name of organization United Way Waterloo Region Communities	c/o or e-mail address info@uwaywrc.ca	
Address (street, city, province) 50 Sportsworld Crossing Road #220, Kitchener, ON	Postal code N2P 0A4	Telephone No. 519-888-6100

Withdrawal authorization

I, the undersigned, (if a legal person, herein represented by its duly authorized representative(s)), authorize United Way Waterloo Region Communities to make pre-authorized debits (PAD) from my account with the aforementioned financial institution, at the following interval:

☐ First business day of every month

Each withdrawal will correspond to a fixed amount of \$ _____ which constitutes a personal PAD.

Waiver:

☐ I have retained a copy of this Agreement and waive all other confirmation before the first payment.

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 **10 days**. To obtain a sample of the cancellation form or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit the Canadian Payments Association Web site at <https://www.payments.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.

Reimbursement

I have certain rights of recourse if a debit does not comply with the terms of this Agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or that is not compatible with the terms of this PAD Agreement. For more information on my rights of recourse, I may contact my financial institution or visit <https://www.payments.ca/>.

Please note that deductions will continue on the first of every month, in accordance with the terms of this agreement, unless stated otherwise.

Consent to disclosure of information

I hereby consent to the disclosure of the information contained in my pre-authorized debit enrollment agreement to the financial institution, provided such information is directly related to and required for the smooth application of the rules governing pre-authorized debits.

Consent to waive pre-notification

By signing this form, I hereby waive the requirement for pre-notification and authorize United Way Waterloo Region Communities to initiate electronic debits from my account without prior notice for the agreed-upon amount and frequency in accordance with the terms outlined in this authorization form.

Signature of account holder (s)

_____ Signature of account holder	_____ Date (dd/mm/yyyy)
_____ Signature of a second account holder (Only if two signatures are required)	_____ Date (dd/mm/yyyy)

IMPORTANT: Please attach or include a pre-authorized payment form or personal cheque marked "VOID" from your financial institution. If you change your account or financial institution, please advise United Way Waterloo Region Communities.

Please return the completed form, along with a void cheque, to our office. Alternatively, you may email both items to info@uwaywrc.ca.