



VOLUNTEER PROGRAM PRE-AUTHORIZED DEBIT FORM

Name: _____ Phone: _____

Mailing Address: _____ Email: _____

I choose to have my Volunteer Incentive Program payment withdrawn from my/our bank account through pre-authorized debit if my volunteer hours are not completed. Please debit my bank account number as detailed below. (Or attach bank produced withdrawal form or void cheque).

BANK: (Always 3 digits)

TRANSIT: (Always 5 digits)

ACCOUNT:

(Number of digits varies among the different financial institutions)

Financial Institution Name: _____

Financial Institution Branch Address: _____

Choose one:

- Please debit my account for the non-participation fee of \$500 on September 15 / 30, _____
- Please debit my account for my incomplete volunteer hours based on a rate of \$25/hour on June 15, _____. You will be notified of the amount prior to processing.

Please note that if the payment date is not a business day, the transaction will be processed on the next business day.

I may revoke my authorization at any time, subject to providing notice of 30 days. 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

Please Print

Account Holder Signature

Date

I have certain recourse right 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.