



WINNIFRED STEWART ASSOCIATION

Pre-authorized Debit (PAD) Agreement

Winnifred Stewart Association

11130-131 Street
Edmonton, AB T5M 1C1
Ph. (780) 453-6707
E-mail: SheilaM@wsaf.ca

I wish to make a monthly donation through pre-authorized debit.

Please debit the following bank account (attach VOID cheque) in the amount of: \$ _____ per month.

(This debit will be processed to your account on the 1st day of each month or next business day.)

Signature: _____

Name: _____

Address: _____

***** Attach VOID Cheque Here*****

I will provide 30 days written notice of any change with respect to the account against which the PAD is to be drawn.

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

I have certain recourse rights 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.