



Pre-Authorized Debit (PAD) Agreement for Charitable Donations to Elora House

1. Payor's Information (Please print clearly)

Name of Account Holder: _____

Name of Joint Account Holder (if applicable): _____

Address: _____

Phone Number: _____ Email Address: _____

2. Payor's Financial Institution (FI) Information (Please print clearly)

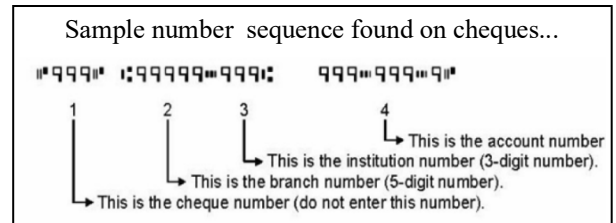
Bank Name: _____

FI Branch Number: _____

FI Institution Number: _____

FI Account Number: _____

(please attach a VOID cheque or Direct Deposit Form from your bank account)



3. Pre-Authorized Debit Details

You, the payor, authorize Elora House to debit the bank account identified above per the details below. You confirm that you have authority under the terms of your account agreement to authorize this debit.

These services are for (check one): Personal Business Use

Please debit my/our bank account on the following dates (select ✓ one option only):

- Monthly on _____ (give a date between 1 and 30)
- Semi-Monthly on _____ , _____ (give 2 dates between 1 and 30)
- Weekly on Mon/Tues/Wed/Thurs/Fri (circle one day)

Please debit my/our bank account the amount \$ _____ on the dates specified above.

Note: The debit will be processed to your account on the date(s) of each month that you specified or the next banking business day.

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 more information on your recourse rights, contact your financial institution or visit www.payments.ca.

Signature of Account Holder: _____

Signature of Joint Account Holder (if applicable) _____

Today's Date (month / day / year) _____

Mail: Elora House, c/o 5696 Wellington Road 7, Guelph, ON N1H 6J2

E-mail: ehfinance@ercf.ca