

Sri Guru Singh Sabha Woodstock



NO. _____

Direct Debit Program Authorization Form

I want to support Sri Guru Singh Sabha Woodstock through monthly donations.

Please debit my bank account: (attach VOID cheque)

\$50 \$75 \$100 Other Amount _____ (specify)

The debit will be processed to your account on the _____ day of each month or the next business day.

DONOR (PAYOR) INFORMATION (Please Print):

Business Name (if applicable): _____

Last Name: _____ First Name _____

Address: _____

Phone Number: _____

Email address: _____

This donation is made on behalf of: an individual a business.

PAYEE: Sri Guru Singh Sabha Woodstock

701 Khalsa Drive, Woodstock ON N4T0P2 Phone no: 226-228-8643

This agreement may be cancelled at any time by providing Sri Guru Singh Sabha Woodstock notice in writing or orally (with proper authorization to verify the identity of the payor), 30 days prior to the next PAD being issued. In order to revoke this authorization, I/We must provide notice of revocation to Sri Guru Singh Sabha Woodstock. For more information on my right to cancel a PAD, I may contact my financial institution or visit <https://payments.ca/>.

I/We have certain recourse rights. I/We may dispute this PAD under any of the following conditions:

- (a) the pre-authorization debit was not drawn in accordance with this Payor's PAD Agreement; or
- (b) this Payor's PAD Agreement was revoked; or
- (c) pre-notification was not received and such pre-notification is required under the terms of this Payor's PAD Agreement.

In order to be reimbursed, I/We acknowledge that a declaration to the effect that either (a) (b) or (c) took place, must be presented to our financial institution's branch up to and including 90 calendar days in the case of a personal PAD (or up to and including 10 calendar days in the case of a business PAD), after the date on which the PAD in dispute was posted to my/our account. After such time, I/We acknowledge that the dispute must be resolved solely between me/us and Sri Guru Singh Sabha Woodstock.

To obtain more information on my recourse rights, I may contact my financial institution or visit <https://payments.ca/>.

I/We have authority under the terms of my/our account agreement with my/our financial institution to debit the attached account.

Signature: _____ Date: _____