



Pre-authorized Debit Authorization (PAD)
United Way of Trail and District
803 B Victoria St. Trail, B.C. V1R 3T3

Name(s): _____
Address: _____
Phone: _____

I(We) authorize the United Way of Trail and District to process a debit, in paper, electronic or other form in the amount of \$_____ on my (our)back account once a month on the:

_____ First Day of the month or _____ Fifteenth of the month (please check)
beginning on _____. Please provide a blank void cheque.

I(we) may revoke my authorization at any time, subject to providing 15 days notice. For more information regarding cancellation I will contact my financial institution.

Signature: _____ Date: _____
Signature: _____ Date: _____

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 the PAD agreement. To obtain more information on my recourse rights, I will contact my financial institution.

Note:

Please print and send completed form to the address at the top of page.