

Pre-Authorized Debits (PADs) Rule H1

Payor's PAD Agreement – Mandatory and Supplementary Elements

Pre-authorized Debit (PAD) Agreement

**Blissymbolics Communication International** Date: \_\_\_\_\_

I want to support *Blissymbolics Communication Institute - Canada* through monthly donations.

Please debit my bank account: (attach VOID cheque)

\_\_\_\_\_ \$5 \_\_\_\_\_ \$10 \_\_\_\_\_ \$15 \_\_\_\_\_ Other Amount \_\_\_\_\_ (specify)

The debit will be processed to your account on the 18<sup>th</sup> day of each month or the next business day.

Signature: \_\_\_\_\_

Donor Name: \_\_\_\_\_

Address/Contact Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This donation is made on behalf of: \_\_\_\_\_ an Individual \_\_\_\_\_ a Business

I may revoke my authorization at any time, subject to providing notice of (Payee to insert period - not to exceed 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.blissymbolics.ca](http://www.blissymbolics.ca)

Blissymbolics Communication Institute - Canada  
Suite 300, 1370 Don Mills Rd.  
North York, Ontario, Canada, M3B 3N7  
416-644-8291

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](http://www.cdnpay.ca)

LEGEND

1	Date and Signature	5	Cancellation of Agreement
2	Authorization to Debit Specific Account	6	Contact Information
3	PAD Category (personal, business, funds transfer)	7	Recourse Statement
4	Amount/Timing		