

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Please complete this form and mail or fax, along with void cheque or account information, to:

Office of Development

University of Waterloo
200 University Avenue West
Waterloo, Ontario, Canada N2L 3G1

Toll-Free: 1-800-408-8715
Fax: 519-746-8932
Email: annualgiving@uwaterloo.ca

Charitable Registration No. 119260685RR0001

STEP 1: PERSONAL INFORMATION

Prefix: Mr. Mrs. Ms. Dr. If other, please specify: _____

First Name: _____

Last Name: _____

Street Address: _____

City: _____

Province/State/Region: _____

Postal/Zip Code: _____

Country: _____

Email: _____

Home Phone: _____

At Waterloo, we respect your privacy and keep your information strictly confidential.
Read our privacy policy at www.development.uwaterloo.ca/privacy

STEP 2: GIFT DETAILS

Please debit my bank account: \$ _____ **(Attach VOID cheque or chequing account information)**

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

This donation is made on behalf of:

- An Individual:
- In Honour of: _____
 - In Memory of: _____
- A Business: _____

I would like to remain anonymous.

Signature: _____ Date: _____

I may revoke my authorization at any time, subject to providing notice of 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.cdnpay.ca.

STEP 3: GIFT DESIGNATION

- I wish to support the university's highest priorities (unrestricted support).
- I wish to support a project or program in a specific faculty, school, college, or elsewhere on campus (please specify): _____

I have certain recourse rights if any debit does not comply with this PAD agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.