

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Please complete this form and it return to the University of Waterloo, along with a void cheque or account information from your bank to:

University of Waterloo
Office of Advancement
200 University Ave. W
Waterloo, Ontario, Canada N2L 3G1
Toll-free: 1-800-408-8715 | Fax: 519-746-8932
Email: alumni.donor.services@uwaterloo.ca Charity/BN
Registration #119260685 RR0001

STEP 1: CONTACT INFORMATION

This information will be used to build your tax receipt.

Is this a corporate or individual gift?

This is a corporate gift (Business PAD).

This is an individual gift (Personal PAD).

Name: _____

Street Address: _____

Province: _____ Postal Code: _____

Email: _____ Phone: _____

At the University of Waterloo, we respect your privacy and keep your information strictly confidential. Read our privacy policy at <https://uwaterloo.ca/support/privacy-policy>.

STEP 2: GIFT DETAILS

Gift Type:

Single Gift: Please debit my bank account _ \$ _____

Month of withdrawal (MMM-YYYY): _____
(MMM-YYYY)

Recurring Gift: Please debit my bank account _ \$ _____

Monthly Quarterly Yearly

Month of first withdrawal _____
(MMM-YYYY)

Month of last withdrawal, if applicable: _____
(MMM-YYYY)

(Attach a VOID cheque or printed account information directly from your bank)

Gift Designation: _____

(Please enter fund name, if known, or area you wish to support.)

Your donation will be processed to your account on the first business day of each month.

STEP 3: ADDITIONAL INFORMATION

Check all that apply.

I wish to be an anonymous donor. (My name will not be published or shared publicly.)

I have included a gift to Waterloo in my will or another asset e.g. life insurance.

Please send me information about making a gift in my will.

Is this a joint gift with your partner/spouse?

Partner/Spouse First Name and Last Name:

Is this gift in memory or honour of someone special?

Tribute type: In Memory In Honour

First and Last Name of Deceased or Honouree:

STEP 4: AUTHORIZATION

By signing this form below, I, the donor, acknowledges that the information provided is accurate and I am an authority on the designated financial institution account provided. Further, I authorize the University of Waterloo to withdraw funds from the designated financial institution account on the first business day of each month, until advised otherwise.

I understand that the University of Waterloo will provide, in writing, confirmation of the amount to be withdrawn, the first withdrawal date, and the last withdrawal date, if known, at least 10 calendar days prior to the first scheduled withdrawal.

I further understand that I may revoke my authorization at any time, subject to providing at least fifteen (15) days notice, in writing to be mailed to the physical address or via the email address provided above. To obtain a sample cancellation form, or more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.payments.ca.

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.payments.ca.

Signature:

Date: