



PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

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

Office of Advancement
University of Waterloo
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.
- This is an individual gift.

Title: First Name/Company Name:

Last Name:

Email:

Phone Number:

Address Line 1:

Address Line 2:

City:

Province/State:

Postal/Zip:

Country:

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 \$
- Recurring Gift Please debit my bank account \$ Monthly Quarterly Yearly

(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 (My name will not be published or shared publicly.)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, the donor acknowledges that the information provided is accurate and they are an authority on the designated financial institution account provided. Further, the donor authorized the University of Waterloo to withdraw funds from the designated financial institution account on the first business day of each month, until advised otherwise.

- New legislation from the Canadian Payments Association requires the University of Waterloo to seek express permission from donors to debit their account for the donation outlined **above without providing notification of each transaction**. Please review the terms below and sign and date your agreement to these terms.
- I waive my right to receive pre-notification of commencement of the debits to my account as long as they are in compliance with the information I have indicated above.
- I waive my right to receive pre-notification of changes to the PAD amount to be deducted from my bank account where I have made the request for such change(s) to the University Advancement Office at the address below either verbally or in writing.
- I may revoke my authorization at any time, subject to providing 30 days notice in writing to be mailed to the address above or via the email 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 cdnpay.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 cdnpay.ca.

Signature:

Date: