

CUMI

Pre-Authorized Debit (PAD) Agreement Form



Ministry Name: CUMI Christophe Ulysse Ministry International

Address: 10 Muirhead Cres. Brantford Ontario Canada

Email: CUMI4life@gmail.com

Website: messengersunited.com

Donor Information

Please complete this section with your details.

- Full Name: _____
- Address: _____
- City: _____ Province: _____
- Postal Code: _____
- Email: _____
- Phone: _____

Payment Authorization Details

I, the undersigned, hereby authorize CUMI Christophe Ulysse Ministry International to withdraw funds from my bank account by Pre-Authorized Debit (PAD).

- Donation Amount: \$ _____ CAD
- Frequency:
 - ☐ Monthly (on the [1st or 18th] of the month)
- Start Date of First Payment: _____

Banking Information

Please fill out the information below.

- Financial Institution Name: _____
- Transit/Branch Number (5 digits): _____
- Institution Number (3 digits): _____
- Account Number: _____

YOUR NAME
YOUR ADDRESS

DATE _____ 0001

PAY TO THE
ORDER OF _____ \$ _____

_____ DOLLARS

BANK NAME
BRANCH ADDRESS

MEMO _____ MP

101 12345 678 012 345 67 89

VOID

Security Features
Included.
Details on back.

PAD Terms and Conditions

By signing below, I, the undersigned (the "Payor"), authorize CUMI Christophe Ulysse Ministry International (the "Payee") to debit my bank account as per the payment schedule outlined above.

1. Purpose: This PAD is for the purpose of a charitable donation to CUMI Christophe Ulysse Ministry International.
2. Notification: The Payee will provide at least 10 calendar days' notice of any change in the amount or frequency of the PAD.
3. Cancellation Rights: I have the right to cancel this agreement at any time by providing written notice to CUMI Christophe Ulysse Ministry International. The cancellation notice must be provided at least 30 calendar days before the next scheduled withdrawal. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I can contact my financial institution or visit www.payments.ca.
4. Recourse Rights: 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.
5. Confidentiality: All information provided will be kept confidential and used solely for the purpose of processing this PAD agreement.

Signature

☐ By checking this box, I certify that the information provided on this form is correct and that I am the authorized signatory on the bank account specified. I have read and agree to the PAD Terms and Conditions above.

Name: _____

Date: _____

PLEASE EMAIL FORM TO:

CUMI4Life@gmail.com