

**Donor details**

Donor name	Phone
Address <i>(street, city, province, postal code)</i>	Email
_____	_____
_____	<input type="checkbox"/> I consent to receiving tax receipts by email

**Payment details**     Void cheque attached

Donor account <i>(not needed if attaching void cheque)</i>	Donor Financial Institution Name and Address	
Branch id    Institution    Account No.	_____	
_____	_____	
Amount \$ _____	Payment type	Description of PAD <i>(Optional)</i>
Frequency <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly	<input type="checkbox"/> Business <input type="checkbox"/> Personal	
<input type="checkbox"/> one-time		

**Authorization**

*(If only 1 signature is required for the Account, then only 1 Donor need sign. If 2 or more signatures are required, then all Donors must sign.)*

I/We acknowledge that this agreement is provided for the benefit of the "Donor" and "Processing Institution" and is provided in consideration of the Processing Institution agreeing to process debits ("PADs") against the Account with the Processing Institution in accordance with the Rules of the Canadian Payments Association ("the CPA rules"). Terms and conditions are available upon request.

Donor Signature	Date	Donor Signature	Date

**Waiver of pre-notification and confirmation**

I/We waive any and all requirements for pre-notification or confirmation under Rule H1 of the CPA Rules of debiting.

Donor Signature	Date	Donor Signature	Date

**Cancel payment**

*15 days' notice is required before the next PAD will be issued. Cannot exceed 30 days. Alternatively, send email to [financials@fsm.ca](mailto:financials@fsm.ca)*

The Donor hereby cancels this Donor's PAD Agreement effective: \_\_\_\_\_

Donor Signature	Date	Donor Signature	Date