* Please consider this my pledge to GRU for 2024.



**Grand River Unitarian Congregation**

**Member Pre-Authorization Debit Authorization Form**

Use this form to transfer from another Financial Institution to the credit of Grand River Unitarian Congregation at Your Neighbourhood Credit Union, account number 3653863.

I (we) want to support Grand River Unitarian Congregation through monthly donations.

Please debit my (our) account $ \_\_\_\_\_\_\_\_\_\_\_\_ on the 15th day of the month.

*Please fill out this section using the information found on your cheques or include a voided cheque.*

Name of Account Holder(s) PRINT CLEARLY***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Financial Institution Information: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_

Branch (5 digits) \_\_\_\_\_\_\_\_\_\_ Institution # (3 digits) \_\_\_\_\_\_\_\_ Account # (varies) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date (MM/DD/YEAR): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: (MM/DD/YEAR): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I (we) understand that a written declaration to this effect must be given to my (our) financial institution. I (We) acknowledge that delivery of this authorization to the Grand River Unitarian Congregation constitutes delivery by me (us) to the above noted financial institution.

**X** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Account Holder Signature:**  **X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Account Holder Signature (if second required for this account)**

**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 of my right to cancel a PAD Agreement I may contact my financial institution or visit www.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 consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.**