* Please consider this my pledge to GRU for 2021.



**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 the Grand River Unitarian Congregation through monthly donations.

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

***Note: In the past there was the option to debit accounts on the 1st, 15th or 30th of each month. We had to simplify the procedure to reduce the amount of work for volunteers. To accommodate the majority of people, the date of the 15th was chosen as most major personal expenditures happen on the first and last day of each month. Thank you for your understanding.***

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

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

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

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

Start Date (MMM/DD/YEAR): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cancellation Date: (MMM/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.**