

## *I would like to be a monthly donor*

Your monthly gift ensures the places you love are protected and cared for. With your support, the Conservancy and volunteers are able to act when issues occur and supports efforts to protect more land.

A monthly donation of \$25 would allow us to protect 16 acres of land for a year. Any donation amount helps! In an age of environmental paralysis, together with your support, we get things done!

## Pre-Authorized Debit Agreement

*Couchiching  
Conservancy*

Box 704  
Orillia, Ont. L3V 6K7



### 1. Customer Information (please print clearly):

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### 2. Bank Account Information (please attach a void cheque if possible):

Financial Institution Number (3 Digits): \_\_\_\_\_

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

Financial Institution Branch Address: \_\_\_\_\_

Deposit Account Number: \_\_\_\_\_

Branch Transit Number: \_\_\_\_\_

Chequing Account:  Savings Account:

Personal

Business use

### Pre-Authorized Debit (PAD) Details

You, the Payor, authorize **The Couchiching Conservancy** to debit the bank account identified above for the monthly giving program in the amount below. (Payment will be processed on the 1<sup>st</sup> day of each month)

\$10  \$20  \$25  \$40  Other \$ \_\_\_\_\_ Please use a portion for membership

You, the Payor, may revoke your authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit [www.payments.ca](http://www.payments.ca).

Signature of Account Holder: \_\_\_\_\_

Signature of Joint Account Holder (if applicable) \_\_\_\_\_

Name: \_\_\_\_\_

(Please print)

Name: \_\_\_\_\_

(Please print)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights, contact your financial institution or visit [www.payments.ca](http://www.payments.ca)