



Pre-Authorized Debit (PAD) Agreement

1. DONOR INFORMATION

Name: _____

Address: _____

Telephone: _____ E-Mail: _____

2. BANK ACCOUNT INFORMATION

I/We have enclosed a cheque marked 'VOID'

Account and Transit Number: _____

Financial Institution: Name: _____

Address: _____

These services are for (check one) personal use business use

Regular monthly payments in the amount of \$_____ will be debited to my/our specified account on the last business day of each month. This authority is to remain in effect until Nipissing University has received written notification from me/us of its change or termination. This notification must be received at least 30 business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or for more information on my/our right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

Authorized Signature(s)

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 my recourse rights, you may contact my financial institution or visit www.cdnpay.ca.

Nipissing University is committed to the protection of the privacy of its staff, friends and alumni. The University collects, uses and discloses personal information under the authority of the Nipissing University Act, 1992, and in accordance with the provisions of the Freedom of Information and Protection of Privacy Act (FIPPA). Your personal information has been added to our development database and is used to send you the University magazine and other information about programs, events and services taking place at the University and is maintained in a secure manner.

THANK YOU FOR YOUR INVESTMENT.

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BN/Registration Number 119058154RR0001