

PRE-AUTHORIZED PAYMENT AUTHORIZATION

Payee:

Weyburn & District United Way Inc.
Box 608, Weyburn, SK S4H 2K7

Credit payment to: Account # 8630998 Weyburn Credit Union

**Financial Institution
Branch & Address**

Account Holder. Name & Address

Account No.: _____

Route & Transit No. _____

(We) as the account holder(s), authorize the Payee and the above noted financial institution to debit my (our) account, at the above indicated branch of the financial institution, under terms and conditions agreed to by me (us) with the Payee until such time as written notice to the contrary is given by me (us) to the Payee.

The branch of the financial institution at which I (we) maintain the account is not required to verify that the payment(s) are drawn in accordance with this authorization.

A debit, in paper, electronic or other form in the amount of \$ _____, may be drawn on my (our) account beginning _____ (date) and _____ (weekly, bi-weekly, monthly) thereafter.

(Please specify the date(s) you would like the debit to be drawn on your account and attach a voided cheque) _____

I (we) will notify the Payee in writing of any changes in the account information or termination of this authorization prior to the next due date of the pre-authorized debit. This agreement can be amended at any time.

Items charged will be reimbursed subject to notification by me (us) to the branch of account within 90 days under any of the following conditions:

- (a). I (we) never provided the authorization to the Payee.
- (b). The pre-authorized debit was not drawn in accordance with this authorization.
- (c). My (our) authorization was revoked.
- (d). The debit was posted to the wrong account due to invalid/incorrect account information supplied by the Payee.

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 Payee constitutes delivery by me (us) to the above financial institution.

Official charitable receipts will be mailed annually.

Signed this _____ day of _____ A.D. 20_____.

Would you like your donation acknowledged at Communithon?

Yes No

(Signature of Account Holder)

(Signature of Account Holder)