



University of Ottawa
 Development Office
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Pre-Authorized Debit Agreement

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Please debit my bank account each month: (attach VOID cheque)

\$25 **\$50** **\$75** **other amount** _____ (minimum 10\$ per month)

The debit will be processed to your account on the 1st day of each month or the next business day. You will receive an official receipt for income tax purposes at the beginning of next year.

I want to contribute to: (please select one)

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I may revoke my authorization at any time, subject to providing notice of **15 days**. To obtain a sample cancellation form, or for more information on 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 the agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

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