



Pre-Authorized Debit (PAD) Agreement For Annual Membership Fees

Please debit my Bank Account Annually (attach VOID cheque) for

<input type="checkbox"/> \$40	<input type="checkbox"/> \$100	<input type="checkbox"/> \$50	<input type="checkbox"/> \$150
Youth	Single	Seniors	Family
Individuals of age 19 to 24 years	Individuals of age 25 and below 65 years	Individuals of age 65 years and above	Includes children up to age 18 years

Member Name: _____

Address/Contact Information: _____

Signature: _____

Date: _____

I may revoke my authorization at any time, subject to providing notice of (Payee to insert period – not to exceed 30 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

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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 is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca