



TORONTO MAHAVIHARA SOCIETY

PAYOR'S PAD AGREEMENT

Personal Pre-Authorized Debit Plan

Authorization of the Payor to Payee Direct Debit an Account



Instructions:

1. Please complete all sections in order to instruct the Payee to debit payments directly into your account.
2. Return the completed form with a blank cheque marked "VOID" to the Payee at the address noted below

Agreement:

I authorize the Payee indicated below to draw debits for the purpose of making payment for donation (a "Personal PAD"), on my Account at the financial institution indicated on the attached VOID cheque and I authorize the Financial Institution to honor and pay such debits.

I have certain recourse rights if any debit does not comply with this PAD Agreement such as the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement in terms of provisions given in www.cdnpay.ca.

I retain the right to cancel this pre-authorized debit agreement at any time by giving notice of 10 days in writing to the Payee

PAYOR INFORMATION *(Please type or print clearly)*

| | | | |
|---|------------------|-------------------|-------------|
| Payor First Name | Payor Last Name: | | |
| Residential Address – Street No. and Name | | City and Province | Postal Code |
| Telephone | E-mail | | |

PAYEE INFORMATION

| |
|---|
| Payee Name: TORONTO MAHAVIHARA SOCIETY – Non-Profit Charity Organization. |
| CRA Charity Registration Number: 119266898RR0001 |
| Address: 4698 Kingston Road, Scarborough, ON M1E2P9 |
| Telephone: (416) 208-9276. E-mail: torontomahavihara@rogers.com |

PAYMENT INFORMATION

| | | | |
|---|--------------------|--|----------------|
| Payor Account To Be Debited: | Institution Number | Branch Number | Account Number |
| Please check the box for fixed Amount and enter amount in the box in front Fixed Amount Enter Amount \$ | | Occurring at (Please Check) Monthly | |
| Payor Signature | | | Date |

12th November 2024