



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

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

<input type="checkbox"/> <b>\$50</b>	<input type="checkbox"/> <b>\$100</b>	<input type="checkbox"/> <b>\$50</b>	<input type="checkbox"/> <b>\$175</b>
<b>Youth</b>	<b>Single</b>	<b>Seniors</b>	<b>Family</b>
Individuals of age 23 to 26 years	Individuals of age 25 and below 65 years	Individuals of age 65 years to age 89 (90+ = free)	Includes spouses/ partners & children up to age 22 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](http://www.cdnpay.ca)

*Ontario Zoroastrian Community Foundation  
1187 Burnhamthorpe Road East,  
Oakville, ON. L6H 7B3  
Tel: (289) 725-8484  
[president@ozcf.com](mailto:president@ozcf.com) / [www.ozcf.com](http://www.ozcf.com)*

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](http://www.cdnpay.ca)