



# Yes !

## You can count on me to support United Way all year long.

United Way Funded Agencies are hard at work all year 'round. So this year, why not get the good feeling that goes with knowing you're helping all year long..

Name _____
Address _____
City/Town _____
Postal Code _____ Phone # _____
Present employer _____ (if retired, from where?)

Now you can spread your donation out over the course of a whole year - without the bothersome task of writing out several cheques. Just complete the information section below, attach a "voided" cheque sample for the account from which you'd like the money drawn and return this form to the United Way of Chatham-Kent.

### Pre-Authorized Payment Authorization

I (we) authorize the United Way of Chatham-Kent to process a debit in paper, electronic or other form in the amount of \$ \_\_\_\_\_ each month, on my (our) account on the \_\_\_\_\_ of the month or provide alternate instructions on line below

\_\_\_\_\_

### Choose Pre-Authorized Payment Method (check one)

- Visa
- Mastercard
- Pre-Authorized Chequing (attach void cheque)

Card No: \_\_\_\_\_  
 Expiry Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_

### One Time Gift Options (check one)

- Visa
- Mastercard
- Cheque
- Post Dated Cheque(s)
- Cash

I wish to designate my gift to:

Organization Name: \_\_\_\_\_  
\_\_\_\_\_

Amount: \_\_\_\_\_

### Terms and Conditions

I (we) authorized the payee to debit my (our) account as indicated on the attached "void" cheque under the terms and conditions agreed to by my (us) with the payee until such time as written notice to the contrary is given.

I (we) acknowledge that delivery of my (our) authorization to the payee constitutes delivery by me (us) to the branch of the financial institution at which I (we) maintain an account and that such financial institution is not required to verify that the payment(s) are drawn in accordance with this authorization. Termination of this authorization does/may not terminate the contract for goods or services exchanged.

I (we) warrant that all persons whose signature(s) are requested to sign on this account have signed this agreement.

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 debits.

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

I (we) acknowledge that I (we) have read and understood all the terms and conditions of the Pre-Authorized Payment Authorization as set out above and that I (we) have received a copy.

\_\_\_\_\_  
(Signatures)

\_\_\_\_\_  
(Date)

**An Official Tax Receipt will be mailed to you at the end of the calendar year.**

**It's all about building a stronger, safer, more caring community... and YOU!**