

TERMS AND CONDITIONS FOR RECURRING PRE-AUTHORIZED PAYMENT AND CREDIT CARD TRANSACTIONS

1. By completing and signing the Pledge Form, I/We hereby authorize United Way/Centraide Windsor-Essex County (the 'Payee'), in accordance with the terms of my/our account agreement with our Processing Institution, to debit or cause to be debited the Account for the purposes indicated in on the United Way Pledge Form.
2. Particulars of the Account that United Way is authorized to debit are set out on the United Way Pledge Form. A specimen cheque, if required, has been marked "VOID" and attached to the Pledge Form.
3. I/We undertake to inform United Way, in writing, of any change in the Account information provided in this Authorization prior to the next due date of the PAD.
4. This Authorization is continuing but may be cancelled at any time upon notice being provided by me/us, either in writing or orally, with proper authorization to verify my/our identity within the specified number of days before the next PAD is to be issued as noted on the Pledge Form. A sample cancellation form or further information on my/our right to cancel this Acknowledgement is available from the Processing Institution or by visiting www.cdnpay.ca. I/we acknowledge that if I/we wish to cancel this Authorization or if I/we have any questions or need further information with respect to a PAD, I/we can contact United Way at (519) 258-0000 or by e-mail to info@weareunited.com.
5. I/We acknowledge that provision and delivery of this Authorization to United Way constitutes delivery by me/us to Processing Institution. Any delivery of this Authorization to United Way constitutes delivery by the Payor.
6. This Authorization is for a fixed business or personal PAD recurring at set intervals. The amount and frequency in the amount of any such PAD will not change unless as a result of my/our direct action (such as, but not limited to, telephone instructions or other remote measures).
7. Should a PAD transaction not be processed e.g. because of insufficient funds or technical issues with United Way or the Processing Institution, I/we acknowledge that I/we will receive written or verbal request from United Way to seek further instruction for future payments.
8. I/We acknowledge that Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of this Authorization, including, but not limited to, the amount.
9. I/We acknowledge that Processing Institution is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by Payee as a condition to honouring a PAD issued or caused to be issued by Payee on the Account.
10. I/We acknowledge that, this Authorization is for personal or business PADs that have recourse through the clearing system, and a PAD may be disputed but only under the following conditions:
 - (a) the PAD was not drawn in accordance with this Authorization;
 - (b) this Authorization was revoked; or
 - (c) pre-notification of a change was required and was not received.I/We further acknowledge that in order to be reimbursed, a declaration to the effect that either (a), (b), or (c) took place must be completed and presented to the branch of Processing Institution holding the Account on or before the 90th calendar day in the case of a personal PAD or, in the case of a business PAD, on or before the 10th business day, in each case after the date on which the PAD in dispute was posted to the Account.
11. I/We acknowledge that any claim made after the periods set out above must be resolved solely between me/us and United Way and there is no entitlement to reimbursement from the Processing Institution.
12. I/we acknowledge that I/we have certain recourse rights if a debit does not comply with this Authorization. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Authorization. To obtain more information on my/our recourse rights I/we can contact Processing Institution or visit www.cdnpay.ca.
13. By signing the United Way Pledge Form I/we acknowledge that I/we understand that I/we are participating in a PAD plan established by United Way and I/we accept participation in the PAD plan upon the terms and conditions set out herein.
14. I/We consent to the disclosure of any personal information that may be contained in this Authorization to the financial institution that holds the account of United Way to be credited with the PAD to the extent that such disclosure of personal information is directly related to and necessary for the proper application of Rule H1 of the Rules of the Canadian Payments Association.