



AUTHORIZATION REQUEST

P.O. Box 11159 Stn "H"  
Ottawa, ON K2H 7T9  
PH: (613) 828-2849  
Email: [mojo@wildbirdcarecentre.org](mailto:mojo@wildbirdcarecentre.org)

**DONOR INFORMATION**

Full Name Email

Address City

Province Postal Code

**Donation Details**

Account Type Business Personal

Amount Frequency First Process Date No. of Installments

You, the Payor authorize Ottawa Valley Wild Bird Care Centre to debit the bank account identified above as outlined in the payment terms of this agreement. You agree to waive any legislative requirement for pre-notification.

You, the Payor, have certain recourse rights if any debt does not comply with this agreement. For example, you have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain more information about your recourse rights, you can visit [www.payments.ca](http://www.payments.ca)

This authority is to remain in effect until Ottawa Valley Wild Bird Care Centre has received written notification from you, the Payor, of its change or termination. This notification must be received at least thirty (30) business days before the next debit is scheduled. You may obtain a sample cancellation form, or more information on your right to cancel a PAD Agreement at [www.payments.ca](http://www.payments.ca).

Please attach a void cheque or fill in account details:

Transit Bank ID Account Number

\_\_\_\_\_  
Signature

Date