

Make a splash...



...drop some cash!

Town of Outlook
New Swimming Pool Project

Pre-authorized Debit (PAD) Agreement

Date: _____

I want to support the Outlook New Pool Project through monthly donations.

Please debit my bank account: (attach VOID cheque)

\$50 \$75 \$100 **Other Amount:** _____ (specify amount)

For a period of: 12 months 24 months 36 months

Or other period: _____ (specify number of months)

The debit will be processed to your account on the 5th day of each month or the next business day. An official receipt for income tax purposes will be issued annually by the Town of Outlook.

Signature of Account Holder: _____

Signature of Joint Account Holder: _____
(if applicable)

Donor Name: _____

Mailing Address: _____

Phone: _____

Email: _____

This donation is made on behalf of: _____ **an Individual** _____ **a Business**

I may revoke my authorization at any time, subject to providing 30 days' notice. 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.

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.

When the form is complete, mail, fax or email to:

Outlook New Pool Fund
C/O Town of Outlook
P.O. Box 518
OUTLOOK, SK S0L 2N0
Tel: 306-867-8663
Fax: 306-867-9898
E-mail: town@town.outlook.sk.ca