

Add Money by Pre-Authorized Debit



Complete this form to use pre-authorized debit (PAD) to add money to your Impact Account or make a one-time donation to a charity, Giving Group, or Campaign.

Send the completed form by email to hello@charitableimpact.com.

Once we receive and process the form, money added by PAD will appear in your Impact Account within 3 days.

01 Donor information

Good to know

When you add money it's considered a donation, which means you're eligible for a tax receipt. The information you provide here should be for the person or company making the donation, and for whom the tax receipt will be issued.

Donor details

Title First name Initial Last name

Company name

Email address

Phone number

Preferred method of contact

Email

Phone

Donor address (used for tax reporting)

Address

City

Province

Postal Code



02 Donation details

What amount would you like to add?

Which account would you like to add money to?

**Add money to
Impact Account**

**Add money to
Company Account**

How often would you like to add money?

Once*

Monthly starting on the

10th or

25th of

(month)

If you don't have an account with us, where would you like to send your one-time donation?* (select one)

Send to a charity:

**Send to a Giving Group
or Campaign:**

Add a note

Give anonymously

*For all one-time PAD donations, a minimum of \$200 is required.

For amounts less than \$200, please add money to your Impact Account by credit card.

03 Donor bank account information

Please attach a void cheque or PAD form provided by your bank to help us verify your bank account information.

Attach void cheque or PAD form here,
or as a separate page.

04 Agreement

You authorize CHIMP: Charitable Impact Foundation (Canada) and the financial institution designated (or any other financial institution you may authorize at any time) to begin deductions as per your instructions for monthly regular recurring donations and/or one-time donations to your Impact Account(s). You confirm that the information you have provided on this form is complete and accurate.


You, the payor, may revoke your authorization at any time via email to hello@charitableimpact.com, subject to providing notice of 30 days.

You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights, contact your financial institution.

Signature

A light blue rounded rectangular box intended for the payor's signature.

Date (mm/dd/yyyy)

A light blue rounded rectangular box intended for the payor's date.