

Pre-authorized Debit (PAD) Agreement



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Deposit Account Number: [] [] [] [] [] [] [] [] [] []

Branch Transit Number: [] [] [] [] [] []

Financial Institution Number: [] [] [] [] [] [] [] [] [] []
Chequing Account Savings Account

Financial Institution: Name: _____
Branch Address: _____

or include VOID cheque

Please debit my bank account on the 15th day of each month (or next business day):

[] \$25 [] \$50 [] \$75 [] Other \$ _____

signature of account holder

date

Donor Name: _____

Mailing address for receipt: _____

Contact Information: _____
phone or email

This donation is made on behalf of: [] An Individual [] A Business

You, the Payor, may revoke your authorization at any time in writing subject to providing notice of 30 days. For more information on your right to cancel a PAD Agreement or to obtain a sample cancellation form contact your financial institution or visit www.cdnpay.ca.
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 or visit www.cdnpay.ca.