



*Father's House*  
**INTERNATIONAL**  
CAIRD

*"Orphans No More"*

**PRE-AUTHORIZED DEBIT AGREEMENT (PAD)**

[Please attach a VOID Cheque to this form]

Donor Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City, Province, Postal Code \_\_\_\_\_

Telephone Number with Area code \_\_\_\_\_

E-Mail \_\_\_\_\_

I (we) authorize Children's Aid International Relief and Development (CAIRD) to process a debit in the amount of \$ \_\_\_\_\_ on the 15th day of each month or the next business day, beginning \_\_\_\_\_.

This donation is intended for the following designation: \_\_\_\_\_

**I (we) waive my (our) right to receive pre-notification of this monthly debit transaction.**

This amount may be increased / decreased at a future date by notifying CAIRD in writing at least 15 days in advance of the debit date. Also, any change of account numbers requires a 15 day notice in advance of the debit date. I (we) may revoke the authorization at any time, subject to providing notice of 15 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my (our) financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

I (we) have certain recourse rights if any debit does not comply with this agreement. For example, I (we) 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 recourse rights, I (we) may contact my (our) financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

Signatures of Donor(s)

\_\_\_\_\_

\_\_\_\_\_

Date

[WWW.CAIRD.CA](http://WWW.CAIRD.CA)

PHONE: 780-439-5510 EMAIL: [INFO@CAIRD.CA](mailto:INFO@CAIRD.CA)

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