

## Pre-Authorized Debit (PAD) Agreement

The Madagascar School Project Inc.

Date: \_\_\_\_\_

I want to support The Madagascar School Project Inc. through monthly donations.

Please debit my bank account: (attach VOID cheque)

\_\_\_\_\_ \$25 \_\_\_\_\_ \$50 \_\_\_\_\_ \$75 Other Amount \_\_\_\_\_ (specify)

*The debit will be processed to your account on the 15<sup>th</sup> day of each month or the next business day.*

Signature:

\_\_\_\_\_

Donor Name:

\_\_\_\_\_

Address/Contact Information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This donation is made on behalf of: \_\_\_\_\_ an Individual \_\_\_\_\_ a Business

I may revoke my authorization at any time, subject to providing notice, not to exceed 30 days. 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](http://www.cdnpay.ca).

The Madagascar School Project Inc.

P.O. Box 684

Cornwall, Ontario K6H5T5

E-mail: [inquiries@madagascarschoolproject.com](mailto:inquiries@madagascarschoolproject.com)

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](http://www.cdnpay.ca).