

Pre-authorized Debit (PAD) Agreement

Impact Malawi

Date _____

I want to support Impact Malawi through monthly donations.

Please debit my bank account (include a VOIDED cheque with this form)

___\$5 ___\$10 ___\$20 ___\$50 ___\$75 ___\$100 Other Amount _____ (specify)

This debit will be processed to your account on the 18th day of each month or the next business day.

Signature

Donor Name (please print)

Address

City/Town: _____

Province _____ Postal Code _____

Email address

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

I may revoke my authorization at any time, subject to providing notice of 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.

Impact Malawi
378 Cedar Sands Rd
Lyndhurst, ON, K0E 1N0
613-928-2839
joanchilds@impactmalawi.org

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.