



Use this form to arrange Pre-Authorized Debit (PAD) automatic monthly donations from your chequing account towards the work of Partners Relief & Development Canada:

Name: _____

Address: _____

City/Province: _____

Postal Code: _____

Phone: __ (____) _____

E-mail _____

Payment Options:

CHEQUING *Note: For chequing account authorization, attach a void cheque.

I, _____ authorize my bank to make my donation by pre-authorized debit to the chequing account shown below on the attached, cancelled cheque and post it to my account.

Bank Name: _____

Address: _____

City/State/Zip: _____

I would like to specifically donate towards:

Where Needed Most

Total Contribution Per Month \$ _____

Emergency Relief

Total Contribution Per Month \$ _____

Medical

Total Contribution Per Month \$ _____

Other _____

Total Contribution Per Month \$ _____

I understand that I am in full control of my payment, and if at any time I decide to make any changes or discontinue the PAD service, I will call or write Partners. Change of payment method will not affect other provisions and terms of my contract. I also understand that the PAD is scheduled on the 20th day of the month.

Signature: _____

Date: _____

PLEASE ATTACH A CHEQUE MARKED VOID— here.