



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/Prov/PC: \_\_\_\_\_

**I would like to specifically donate towards:**

- |  |                                       |
|--|---------------------------------------|
| Where Needed Most <input type="checkbox"/>       | Total Contribution Per Month \$ _____ |
| Emergency Relief <input type="checkbox"/>        | Total Contribution Per Month \$ _____ |
| Healthcare <input type="checkbox"/>              | Total Contribution Per Month \$ _____ |
| Education <input type="checkbox"/>               | Total Contribution Per Month \$ _____ |
| Sustainable Development <input type="checkbox"/> | 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. Gifts received annually.

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

**PLEASE ATTACH A CHEQUE MARKED VOID**