

# Child Haven International



19014 Concession 7  
Maxville ON  
K0C1T0

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Massena, NY  
13662-5099

fred@childhaven.ca 613-527-2829

**PAD**

**Agreement**

Please include a VOID cheque

Please debit funds from my account based on the following details

**Amount** \$

\_\_\_\_\_

**First Withdrawal Date**

\_\_\_\_\_

**Frequency**

one time, weekly, monthly, once a year

\_\_\_\_\_

**Number of Installments**

\_\_\_\_\_

These payments are made on behalf of a(n): \_\_\_\_\_ individual \_\_\_\_\_ business

**Name**

\_\_\_\_\_

**Email**

\_\_\_\_\_

**Phone**

\_\_\_\_\_

**Address**

\_\_\_\_\_

\_\_\_\_\_

I/we may revoke my/our authorization at any time, subject to providing notice 5 business days before the next scheduled transaction.

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 my/our recourse rights, I/we can contact my/our financial institution.

I/we understand that all pre-authorized debits are processed by Rotessa.

Signature(s) & Date

\_\_\_\_\_