



Direct Donation Agreement Form

Thank you for your commitment to being an ongoing supporter of the Canadian Co-Parenting Centres, the Agency, and our efforts to improve the environments of children by assisting parents through the difficult process of separation and divorce. Thank you also for agreeing to a variable donation rate, designed to collectively match the cash flow requirements of the Agency.

I _____ hereby authorize Canadian Co-Parenting Centres to debit my account each month as a contribution by me to Canadian Co-Parenting Centres. The initial amount of \$_____ (regular donation) to be processed on or about _____. Then, on the 9th 18th 28th (circle one) day of each month thereafter, either a regular donation, or a perpetual donation of \$10.00 will be processed. In some cases, I may be asked to make a double or triple regular donation, as calculated by the Agency's Pay It Forward program.

This donation will be charged to my Credit Card.

Credit card number _____ Expires _____

Name on Card _____ Authorized Signature _____

- I may change the amount of my contribution at any time subject to providing notice of 15 days.
- I may revoke my authorization at any time, subject to providing notice of 15 days at which time I will submit a cancellation form obtained from a Canadian Co-Parenting Centres representative.
- I understand that I may obtain a sample cancellation form, or further information on my right to cancel a PAD Agreement, at my financial institution or by visiting the CPA's web site (www.cdnpay.ca)
- I may contact Canadian Co-Parenting Centres at any time, using the contact information on this form, to make inquiries, obtain information or seek recourse in the event of an error or improperly authorized PAD
- I understand that 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 PAD that is not authorized or is not consistent with the terms of this PAD Agreement. (To obtain more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca.)

I waive my right to receive pre-notification of the amount of the Pre-Authorized Debit (PAD) and agree that I do not require advance notice of the amount of PAD before the debit is processed.

We agree to be bound by, comply with, respect and apply all relevant provisions of the Canadian Payments Act and all related by-laws, rules and standards in force from time to time as they apply to PADs including, without limitation, the Confirmation/Pre-notification requirements or waiver of Pre-notification requirements and cancellation requirements as set out in Rule H1.

The use, retention and disclosure of personal information collected from this form is done in compliance with privacy legislation, including but not limited to, the Personal Information Protection and Electronic Documents Act (2000, c.5).