



# SAVE AFRICAN CHILD UGANDA

EDUCATIONAL CHARITY

## Pre-Authorized Debit (PAD) Agreement

This PAD agreement authorizes Save African Child Uganda and the financial institution designated to debit the bank account identified for your agreed upon Sponsorship support. Monthly Sponsorship Debit: Starting in Jan 2022 the amount of \$40/mth per child, will be debited on the fifteenth day of each month. (You will be notified if this amount changes in the future.)

This authority is to remain in effect until Save African Child Uganda/Treasurer has received written notification from me/us of its change or termination whereby 30 days notice is given. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD agreement at my/our financial institution by contacting the Treasurer. 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 a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or contact the Treasurer.

TODAY'S DATE: \_\_\_\_\_

Withdrawal amount per month: \_\_\_\_\_

Name/s as it appears on the account: \_\_\_\_\_

Your Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Financial Institution #: \_\_\_\_\_ Bank Name & ID#: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_ Transit Number: \_\_\_\_\_

Beginning on the 15th of: \_\_\_\_\_

Authorized Signature (s): \_\_\_\_\_

Please have this information to us by the 1st of the  
month for the initial Pre-Authorized Debit

Attach a copy of a void cheque

Attention: Betty Westfall,

Treasurer [bwestfall@sacuganda.org](mailto:bwestfall@sacuganda.org)

6625 Matchette Rd.

LaSalle, ON

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