



Questions? Call Donor Relations at 1-844-376-4530 or 905-470-6861 or email us at ca-supporters@operationssmile.org
 Operation Smile Canada 202-3760 14th Avenue, Markham, ON L3R 3T7

Donor Name(s)

Operation Smile Canada Account Number

Last and first name(s) of Donor(s)		Telephone number ()
Address (Number, Street, City, Province)		Postal code
Name and address of financial institution	Transit number	Account number

By signing or authorizing a Pre-Authorized Debit (“**PAD**”) gift to Operation Smile Canada Foundation (“**Operation Smile Canada**”) either by telephone, web site or printed form, you, the donor, agree to the following terms and conditions:

I authorize Operation Smile Canada and the financial institution set out above to begin deductions for regular recurring payments and/or one-time payments from time to time on my above-noted Operation Smile Canada Account Number in the amount indicated below according to my instructions:

Payment Frequency	Payment Date	Payment Amount

Type of PAD Agreement: Personal/Individual Business

I may cancel my PAD gift authorization at any time, either by phone, fax, email or mail, but must give Operation Smile Canada up to 30 days to complete my cancellation request. Cancellation requests can often be done more quickly (i.e. often within 5 business days), but due to potential delays in mail delivery or office closures, Operation Smile Canada requires up to 30 days to ensure your request is completed.

I have certain rights of recourse if a PAD does not comply with the terms of this PAD agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or that is not compatible with the terms of this PAD Agreement. To obtain more information regarding my rights of recourse I may consult with my financial institution or visit www.cdnpay.ca. I may also discuss the situation with a Donor Relations Associate from Operation Smile Canada. All contact details can be found on our website www.operationssmile.ca.

By entering into a PAD agreement, I accept that the recurring amount withdrawn may change upon mutual agreement between myself and Operation Smile Canada and that Operation Smile Canada will provide a minimum of 10 days notice by mail, phone or email. In some provinces, the minimum notice period may be extended to account for local laws concerning PAD gifts. Entering into a PAD agreement implies knowledge and consent to this possibility. Operation Smile Canada will not be held liable if they are unable to reach me at the contact details provided. To prevent the above, I will keep Operation Smile Canada notified of any changes to my contact details.

I agree that Operation Smile Canada may reprocess any PADs returned for reason of non-sufficient funds one time only, within 30 days of the original attempt, not including any additional fees other than the original amount of the agreement.

By signing below, I agree to the gift instructions indicated above. For more information regarding PAD agreements with Operation Smile Canada, please visit operationssmile.ca/autobank.

Signature of account holder

Date (DD/MM/YYYY)

Signature of joint account holder (if necessary)

Date (DD/MM/YYYY)