



A THRIVING CHURCH FOR EVERY PEOPLE. PRE-AUTHORIZED DEBIT AGREEMENT

Your name(s) _____

Address _____ Daytime phone cell _____

City _____ Prov _____ Postal Code _____ Email _____

Please include a **void cheque,**
or provide the following:

Transit Number (5 digits): _____

Institution Number (3 digits): _____

Account Number: _____

Please make the transfers on the 1st or 15th of the month (or next business day), beginning ____/____ (month/year).

This donation is made on behalf of: an individual

a business

Please note that receipts for donations from business bank accounts can only be issued in the name of the business.

Signature _____ Date _____

Signature _____ Date _____

Two signatures are required if the account requires two signatures on cheques.

I (we) wish to give monthly to the following missionaries or projects:

Name _____ \$ _____

Name _____ \$ _____

Name _____ \$ _____

Where Most Needed \$ _____

To help with administrative costs (optional) \$5 / month

Total \$ _____

Where Most Needed:

Because 100% of all gifts are used as designated, your gift here will be used to meet whatever critical needs are facing the ministry of Ethnos Canada, both overseas and across Canada.

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement of any debit that is not authorized or is not consistent with this PAD agreement.

You may also revoke your authorization at any time, subject to providing notice to the Ethnos Canada Finance Office no less than five (5) business days prior to the next bank debit scheduled for this PAD agreement.

To obtain a sample cancellation form, or for more information on your recourse rights or your right to cancel a PAD agreement, you may contact your financial institution or visit www.cdnpay.ca