



Youth With A Mission (BC) Society  
Project Funding Office

**PRE-AUTHORIZED PAYMENT AGREEMENT**

I/We \_\_\_\_\_ authorize

Youth With A Mission's financial institution to debit my/our account.

For a monthly donation in the amount of \_\_\_\_\_ /100 dollars

\$

To credit the account of Youth With a Mission (BC) Society.

This authorisation is on behalf of an  Individual OR  Business

This authorisation is to start in \_\_\_\_\_ (Month/Year)

and end in \_\_\_\_\_ (Month/Year)

OR  continue until further notice

I prefer my withdrawal to be on the  1st of the month OR  15th of the month

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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 debit that is not authorised or is not consistent with this PAD agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

I may revoke my authorisation at any time, subject to providing notice of at least 5 business days. To obtain a sample collection form, or for more information on my right to cancel this PAD Agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

**Please remember to fill out and return both pages of this form.**

**TAPE VOIDED CHEQUE HERE  
(Please do NOT staple)**



**PRE-AUTHORIZED PAYMENT AGREEMENT**

Date \_\_\_\_\_

**DONOR**

Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**MISSIONARY YOU WANT TO SUPPORT**

Name: \_\_\_\_\_

Code: \_\_\_\_\_  
(if known)

Withdrawals from **Youth With a Mission (BC) Society**, should appear on your bank statement as '**VANCITY**'. If you have any concerns, please do contact our office.

You will receive an **annual** receipt only.

Please ensure these forms are filled in correctly,  
and send both pages to the Project Funding Office.