



Youth With a Mission (BC) Society
Project Funding Office

PRE-AUTHORIZED PAYMENT AGREEMENT

I authorize
First Name Middle Initial Last Name

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 authorization is to start in Month Year

This authorization will continue until such time as the project you are supporting concludes, or Youth With a Mission (BC) Society receives written notice from you to discontinue future payments.

Written notice must be received **FIVE (5)** business days prior to the date of withdrawal.

I would like to authorize an additional one time gift of \$

I prefer my withdrawal to be on the: 1st of the month **AND/OR** 15th of the month **AND/OR** 20th of the month

This donation is made on behalf of: an Individual **OR** a Business (or Church)

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 authorized 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

I may revoke my authorization at any time, subject to providing notice of at least 5 business days. To obtain a sample cancellation form, or for more information on my right to cancel this PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca

Please remember to fill out and return both sides of this form

TAPE VOIDED CHEQUE HERE

(Please do NOT staple)



Youth With a Mission (BC) Society
Project Funding Office

PRE-AUTHORIZED PAYMENT AGREEMENT

Date

DONOR INFORMATION

Name

First Name

Middle Initial

Last Name

Address

City

Province

Postal Code

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 'Youth With a Mission'. If you have any concerns, please do not hesitate to 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.