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 authorization 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 **AND/OR** ☐ 15th 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 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
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

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

TAPE VOIDED CHEQUE HERE

(Please do NOT staple)

YWAM Project Funding PO Box 57100, Vancouver, BC V5K 1Z0
phone: 604.436.4433 fax: 604.436.4466 email: donorservices@shaw.ca

Youth With a Mission (BC) Society
Project Funding Office

PRE-AUTHORIZED PAYMENT AGREEMENT

Date

DONOR INFORMATION

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 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.

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