

PRE-AUTHORIZED PAYMENT AGREEMENT

I/We authorize

First Name(s) 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.

This authorization is to start in Month Year

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)

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

Signature

Date

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

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

TAPE VOIDED CHEQUE HERE

(Please do NOT staple)

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



**YWAM
FOUNDATION**

PO Box 57100
RPO East Hastings
Vancouver, BC
V5K 5G6

604.436.4433
604.436.4466

admin@projectfunding.ca

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DONOR INFORMATION

Donor

<input type="text"/>	<input type="text"/>	<input type="text"/>
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First Name(s)

Middle Initial

Last Name

Address

City

Province

Postal Code

Phone

Email

MISSIONARY OR PROJECT INFORMATION

Name

Code (if known)

Withdrawals from Youth With a Mission should appear on your bank statement as 'Youth With a Mission'.
If you have any concerns, please do not hesitate to contact our office.

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

Signature

Date



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