



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)



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 '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.