

### PRE-AUTHORIZED GIVING PLAN – AUTHORIZATION FORM

New Application       Request for Change       Request for Cancellation

#### Personal Information (please print).

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone number \_\_\_\_\_ Email Address \_\_\_\_\_

This donation is made on behalf of: \_\_\_\_\_ an Individual      \_\_\_\_\_ a Business

#### Account Information

Please debit my bank account. The donation amount will be automatically deducted from this bank account. **A VOID CHEQUE MUST BE ATTACHED.**

Bank # \_\_\_\_\_ Transit # \_\_\_\_\_ Account # \_\_\_\_\_

#### Pre-Authorized Withdrawal Information

I/we authorize Kontakt Canada to debit my/our account indicated above, in the amount of:

\$ \_\_\_\_\_ on the 1<sup>st</sup> business day of the month      OR

\$ \_\_\_\_\_ on the first business day on or after the 15<sup>th</sup> of each month.

Date of first pre-authorized withdrawal: \_\_\_\_\_

I/We would like the Pre-Authorized withdrawal to be designated and used for (please mark one):

- 001 General operations**
- 011 Urban ministries Germany**
- 012 Urban ministries Western Europe**
- 013 Urban ministries Americas**
- 021 Evangelism Canada**
- 031 Support staff Germany**

Spending of funds is confined to programs and projects approved by Kontakt Canada Ministry Association. Each restricted contribution designated toward an approved program or project will be used as designated with the understanding that when the need for the program or project has been met, or cannot be completed for any reason as determined by Kontakt Canada Ministry Association, the remaining restricted contributions will be used where most needed, as determined by Kontakt Canada Ministry Association.

I/we authorize the above donation to Kontakt Canada Ministry Association as specified above. I/we understand that I may revoke this authorization at any time, subject to providing 30 days' notice in writing.

Please complete this form and send it (together with your void cheque) to above address.

THANK YOU!



**Kontakt Canada Ministry Association**

1 – 3555 Blue Jay Street, Abbotsford, BC V2T 6N7

Phone: 604.746.5062 | Email: office@kontaktcanada.org

To obtain a sample cancellation form, or for more information on my/our right to cancel this agreement, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we 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/we may contact my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

I/we am/are the persons who are authorized to sign on the above account.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete this form and send it (together with your void cheque) to above address.

THANK YOU!