

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 1st business day of the month OR

\$ _____ on the first business day on or after the 15th 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**
- 041 Evangelism Asia**

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.

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.

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!