



Youth With a Mission (BC) Society  
Project Funding Office

Form H  
Rev 03/2013

## 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 would like to authorize an additional one time gift of

\$

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)

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 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](http://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 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](http://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  
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## PRE-AUTHORIZED PAYMENT AGREEMENT

Date

### DONOR INFORMATION

Name

Address

City

Province

Postal Code

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.