# “Pre-Authorized Contribution/Donation” Service

By signing and submitting this form, you verify that you are the person(s) required to sign on the provided account, and you authorize The Salvation Army to debit your bank account for the purpose of making a charitable contribution/donation, as outlined below.

**DONOR DETAILS**

Name: (

Address: ( City/Prov: (

Phone number: ( Postal Code: (

Email address: (

**DONATION DETAILS**

Beneficiary – Ministry unit name: (

Ministry Unit RESPC# (if known): (

Donation Amount: $ Amount withdrawn:  Once per month on the 1st of each month

Once per month on the 15th of each month

Twice per month on the 1st and 15th of each month

The donation is designated for the following purpose(s) (total must equal donation amount above):

$ General Offering/Support  $ National Red Shield Appeal

$ Youth Ministries/YP Corps  $ Child Sponsorship Program

$ Home Missions Appeal

$ Partners In Mission/Self-Denial Appeal

$ Other (specify): (subject to confirmation of program availability)

You may cancel or modify this agreement at any time, provided you notify us in writing at least 30 daysprior to the next scheduled withdrawal, by contacting us at Accounting\_Operations@can.salvationarmy.org

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

(Please print)

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

(Additional signature - required for joint accounts) (Please print)

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| **If this is a chequing account, please include a copy of your cheque marked --- VOID ---. If this is a non-chequing account, please include a copy of a pre-printed deposit slip for your account, or a copy of the top portion of your bank statement (showing only the bank number, transit and account numbers).** |

**Statement of recourse**:

You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca). The Salvation Army will never transfer the right to debit your account to any other party.