PRE-AUTHORIZED PAYMENT AGREEMENT

I/We							authorize
	First Name(s)	M	iddle Initia	l	Last Name	2	_
	Youth With A Mission's	financial	institut	tion to de	bit my/o	our accou	ınt.
For a m	onthly donation in the am	ount of					/100 dollars
	\$						
To credit the account of Youth With a Mission.							
This	authorization is to start in	Month			Year		
l pre	efer my withdrawal to be on the:	1st o	of the mo	onth			
	AND/OF	R 15th	of the m	nonth			
	AND/OF	R 20th	of the m	nonth			
This	donation is made on behalf of:	an In	dividual	OF	R 🗆	a Busines	s (or Church)
l wo	ould like to authorize an add	ditional o	ne time	gift of	\$		
Sig	gnature						 Date
Thi	is authorization will continue un Youth With a Mission receives					-	
	Written notice must be receive	d FIVE (5)	nusiness	days prior t	o the date	e of withdr	awal

YWAM FOUNDATION

TAPE VOIDED CHEQUE HERE

(Please do NOT staple)

PO Box 57100 RPO East Hastings Vancouver, BC V5K 5G6

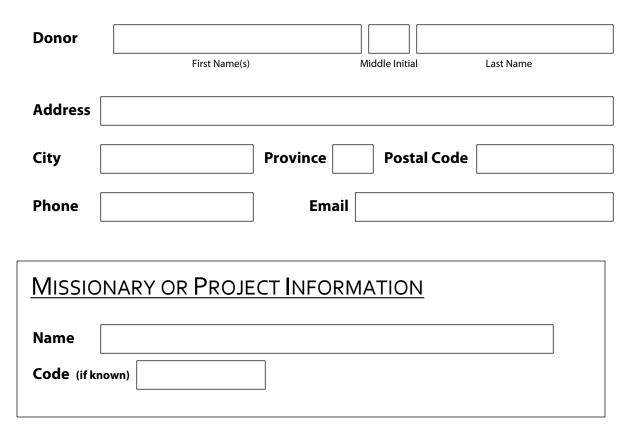
> 604.436.4433 604.436.4466

admin@projectfunding.ca

Please remember to fill out and return both sides of this form

PRE-AUTHORIZED PAYMENT AGREEMENT

DONOR INFORMATION



Withdrawals from Youth With a Mission should appear on your bank statement as 'Youth With a Mission'.

If you have any concerns, please do not hesitate to contact our office.

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

I may revoke my authorization at any time, subject to providing notice of at least 5 business days. To obtain a sample cancellation form, or for more information on my right to cancel this PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca

Signature Date

YWAM
FOUNDATION

PO Box 57100 RPO East Hastings Vancouver, BC V5K 5G6

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You will receive an **annual** receipt only.