

# PRE-AUTHORIZED PAYMENT AGREEMENT

I/We    authorize  
First Name(s) Middle Initial Last Name

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.

This authorization is to start in Month  Year

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)

I would like to authorize an additional one time gift of \$

Signature

Date

This authorization will continue until such time as the project you are supporting concludes, or Youth With a Mission receives written notice from you to discontinue future payments.

Written notice must be received **FIVE (5)** business days prior to the date of withdrawal.

**TAPE VOIDED CHEQUE HERE**

**(Please do NOT staple)**

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



**YWAM  
FOUNDATION**

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

604.436.4433  
604.436.4466

admin@projectfunding.ca

# PRE-AUTHORIZED PAYMENT AGREEMENT

## DONOR INFORMATION

**Donor**

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

First Name(s)

Middle Initial

Last Name

**Address**

**City**

**Province**

**Postal Code**

**Phone**

**Email**

## MISSIONARY OR PROJECT INFORMATION

**Name**

**Code (if known)**

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](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 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](http://www.cdnpay.ca)

Signature

Date



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