

Automatic Bank Withdrawal For Monthly Giving

Please print clearly and complete all areas on this form. Missing information will delay processing your request.

Contact Information

Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____ Mobile: _____

Email: _____

Banking Information

Amount: \$ _____ Specify either Monthly OR Bimonthly (1st and 18th)

Date (Choose One): 1st of the Month 18th of the Month OR Both 1st and 18th

Bank Account (Choose One): Chequing Account Savings Account
(Not including US Dollar Accounts)

Account Number: _____ Institution Number: _____ (3 digits) Transit Number: _____ (5 digits)

Financial Institution Name: _____

Financial Institution Address: _____

Automatic Bank Withdrawal Agreement

Please choose only ONE option below;

New Withdrawal Setup

By signing below, you authorize us to debit the above Account for the specified amount.

Change Existing Withdrawal Account

By signing below, you authorize us to debit the above Account set out for the specified amount, and change for the Payment Amount to cease debiting the Account you previously established for this purpose.

Cancel Existing Withdrawal

By signing below, you cancel the donation agreement you previously established.

IMPORTANT: You must include a "VOID" cheque for a chequing account OR a copy of your statement showing the bank account details for a savings account. Your request cannot be processed without it.

By signing this agreement, I authorize Messianic Vision Canada to automatically withdraw funds from my bank account for the specified amount and on the specified day(s).

Signature: _____ Date: _____

I have certain recourse rights if any debit does not comply with this agreement. For example, I have a right to receive reimbursement for any debit that is not authorized or is not consistent with the Agreement. I may change or cancel my authorization at any time, subject to providing notice of 20 days before the 1st or 18th of the month. For more information on my right to cancel an agreement, I may contact my financial institution or visit www.cdnpy.ca. I may use this form to change or cancel this agreement.

Return Completed Form To: Messianic Vision Canada PO Box 345 Barrie ON L4M 4T5
1-877-370-4446 www.SidRoth.ca