



Pre-Authorized Donation Plan Authorization Form & Legal Agreement

Circle one: Mr/Mrs Mr Mrs Miss Ms Dr Rev Other _____

Name: _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Email: _____

Phone (home): (____) _____ **Phone (office):** (____) _____

I/We hereby authorize Africa Inland Mission International (Canada) to process a monthly withdrawal of \$ _____ from my bank account on the 1st or 15th day of each month (or the next business day), beginning ____/____/____ (mm/dd/yyyy).

This monthly donation is designated for the support of _____

This donation is made on behalf of: an Individual a Business

This is a change to a previous authorization. Yes No

- Based on my/our request (via email or letter), this agreement authorizes a one-time change in amount, and/or designation, in addition to the regular monthly withdrawal amount.
- Based on my/our request (via email or letter), I/we may change the monthly amount, and/or designation, of my/our withdrawal, listing the effective date.
- In the event that any NSF or similar charges be incurred, I/we authorize that the returned amount, plus bank charges, be added to the next monthly processed pre-authorized withdrawal.
- Per the Canadian Payments Association rules, 10 calendar days' written notice is to be given by Africa Inland Mission International (Canada) to the donor, prior to the date of the first debit to the donor's bank account. I/we waive the 10-day pre-notification right to debit my/our bank account.
- If my/our monthly withdrawals are requested to begin on a specified date, and the information is received by Africa Inland Mission International (Canada) after the pre-authorized donations have been processed for that date, I/we give authorization to add this amount on a one-time basis to the regular monthly withdrawal in the following month.
- I may revoke my authorization at any time, subject to providing notice of 7 days via email or letter. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca.
- 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.

Signature: _____

Today's Date: _____

Thank you for your support of the ministries of Africa Inland Mission International (Canada).

Please mail **(1) The completed form** together with **(2) a void cheque** to:

Africa Inland Mission International (Canada)
1641 Victoria Park Ave., Scarborough, ON M1R1P8
Phone: 416-751-6077 or 1-877-407-6077 Fax: 416-751-3467
email: financeassist.ca@aimint.org www.ca.aimint.org

It is recommended that a copy of this agreement be made for your records