



MB Mission
 300-32040 Downes Road, Abbotsford, BC V4X 1X5
 or 4867 Townsend Avenue, Fresno CA 93727-5006
 www.mbmission.org Fax: 604-859-6422

Pre-Authorized Giving Plan - Authorization Form

Personal Information (please print).

Name(s) _____

Address _____

City _____ Zip/Postal code _____

State/Province _____ Phone number _____

Email: _____ Home Church: _____

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

Account Information

Please Include a void cheque to provide your banking details. The donation amount will be automatically deducted from this bank account.



Checking Acct.

Savings Acct.

Pre-Authorized Withdrawal Information.

I/We authorize MB Mission to debit my/our account indicated above, in the amount of:

\$ _____ on the 1st business day of the month OR

\$ _____ on the first business day on or after the 15th of each month.

Date of first pre-authorized withdrawal: _____

I/We would like the Pre-Authorized withdrawal to be designated and used for:

| | Description | Project Code | Amount |
|--------------------------|-------------|--------------|----------|
| <input type="checkbox"/> | _____ | _____ | \$ _____ |
| <input type="checkbox"/> | _____ | _____ | \$ _____ |
| <input type="checkbox"/> | _____ | _____ | \$ _____ |

- * Each donation shall be the same as if I/we had personally issued a cheque authorizing the Bank to pay MB Mission as indicated and to debit the amount specified from my/our account.
- * I/We understand this agreement can be cancelled at any time, upon written notice to the address below.
- * I/We understand the Bank is not responsible to verify whether these withdrawals are properly debited from our account.
- * Any delivery of this authorization to MB Mission constitutes delivery by me/us to the Bank.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we 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/our recourse rights, I/we may contact your financial institution or visit www.cdnpay.ca.

I/we am/are the persons who are authorized to sign on the above account.

Signature: _____ Date: _____

Signature: _____ Date: _____

Complete this form and send (together with your check) to:

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 or MB Mission: 4867 Townsend Avenue, Fresno CA 93727-5006

Thank you!