

Pre-Authorized Giving Agreement

Your Information (Please	<u>PRINT</u>):	Date:
Name:		
Address:		
		Postal Code
Phone #:	Email:	
Home Church (Optional):		City/Town:
I want to support: Global Partners Missionary Ministries, and/or Global Partners Projects If known, Account # Country/Region/People Group, Ministry name or Project: The Wesleyan Church of Canada General Operations Leadership Development Nordl Hope Inter'l/Canada Immigrant Ministries Kingswood University World Hope Inter'l/Canada Local Church or Church Plant: name of church & community/prov/state:		
<i>Through monthly donations of:</i> \$25 \$50 \$75\$100 OR other amount: \$		
Please withdraw the amount stated above from my: Bank account: (Please attach a VOID cheque) OR VISA Master Card		
Credit Card Number: Expiry Date /		
PRINT Name on Card: Signature:		
Please circle which day of the month you wish to have this withdrawn: 1 st OR 15th		
Please return the complet Or return by email to:	PO Box 4458	stions: (506) 434-4338

I may revoke my authorization at any time, subject to providing notice of thirty (30) days. 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 <u>www.cdnpay.ca</u>

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 <u>www.cdnpay.ca</u>.

Any funds raised in excess of the actual needs of the ministry or project will be used to support a similar ministry or to offset General Operating expenses, unless the donor specifically requests their donations not be used in this way.