

contact my financial institution or visit www.cdnpay.ca

Pre-Authorized Giving Agreement

Your Information (Please PRINT):	Date:
Name:	
Address:	
	Postal Code
Phone #:	Email:
Home Church (Optional):	City/Town:
I want to support:	
Global Partners Mission	ary Ministries, and/or Global Partners Projects
If known, Account #	
	Group, Ministry name or Project:
The Wesleyan Church o	of Canada
General Operation	ons Leadership Development Summer Camps. which one?
Immigrant Minist	ries Kingswood UniversityWorld Hope Inter'l/Canada Chaplains
Local Church or	Church Plant: name of church & community/prov/state:
Through monthly donations of:	\$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 <u>circle</u> which day of the month you	wish to have this withdrawn: 1 st OR 15th
Please return the completed form to:	The Wesleyan Church of Canada PO Box 4458
Or return by email to:	Sussex, New Brunswick; E4E 5L6 Questions: (506) 434-4338 office@wesleyan.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.

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.

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