

Yes! I WOULD LIKE TO AUTOMATE MY DONATIONS

By giving monthly, you provide stable funding for our ministries and help us establish long-term plans to reach more people with the Gospel.

First Name Initials Last Name

Address

City Province

Postal Code Telephone

Provide your **EMAIL** address to receive BGEAC updates. You can withdraw your consent at any time.

Please designate my automatic donations toward the following project:

- Where Most Needed (800001)
 Evangelistic Outreach (802500)
 Other: _____

Please make my automatic donation on the ____ day of the month.

(Please choose a day between the 1st and 28th.)

This donation is made on behalf of: Individual Business

Please note: You will receive an annual receipt for your donations.

Choose A or B

A MONTHLY DONATIONS BY CREDIT CARD

For automatic monthly donations charged to your credit card, please use this form:

The undersigned hereby authorize the Billy Graham Evangelistic Association of Canada to draw monthly charges, by paper or electronic entry, covering payments due by the undersigned to the Billy Graham Evangelistic Association of Canada for monthly donations in the amount of:

\$

Please check one:

Visa MasterCard American Express

_____/_____/_____/_____/_____/_____
Card Number Expiry Date (mm/yy)

Name as it appears on card

Date Signature

B MONTHLY DONATIONS BY BANK DEBIT

For automatic monthly donations debited to your bank account, please use this form:

The undersigned hereby authorize the Billy Graham Evangelistic Association of Canada to draw monthly cheques or prepare debits, by paper or electronic entry, covering payments due by the undersigned to the Billy Graham Evangelistic Association of Canada for monthly donations in the amount of:

\$

A cheque marked VOID is required to process monthly donations by bank debit.

My financial institution is hereby authorized to pay and debit the account of the undersigned. For a joint account, all depositors must sign if more than one signature is required on cheques issued against the account.

1. My financial institution is hereby authorized to pay and debit the account of the undersigned all amounts payable to the Billy Graham Evangelistic Association of Canada drawn on or directed to you by a chartered bank on behalf of the Billy Graham Evangelistic Association of Canada. (For a joint account, all depositors must sign if more than one signature is required on cheques issued against the account.)
2. Your treatment of each debit shall be the same as if the undersigned has personally directed you to pay as indicated and to charge the amount specified to the account of the undersigned.
3. I may revoke my authorization at any time, subject to providing notice of 20 days. To obtain a sample cancellation form, or for more information on my right to cancel a Pre-Authorized Debits (PAD) Agreement, I may contact my financial institution or visit www.cdnpay.ca.
4. Any delivery of this authorization to you constitutes delivery by the undersigned.
5. 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.

Date Signature