

Print this Agreement, complete & return it via fax, email, or mail; call us anytime for assistance.

Vision Ministries Canada

Pre-Authorized Debit Agreement

I want to support VISION MINISTRIES CANADA through monthly donations. I understand the funds are being donated to Vision Ministries Canada and that VMC will issue an annual charitable tax receipt. My bank statement may reflect this transfer as: EFT (Electronic Funds Transfer) VIS MIN CAN.

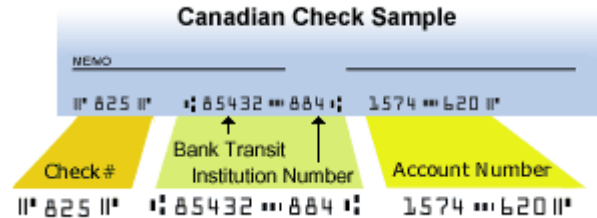
Please debit my bank account beginning: _____
Month/year

Account Information:

Institution # [_ _ _]

Branch Transit # [_ _ _ _ _]

Account # [_ _ _ _ _ _ _ _ _ _]



Or: Attached is VOID cheque

\$25 \$50 \$75 Other amount \$ _____ (specify)

The debit will be processed on or about the 15th day of each month.

Signature: _____ Date: _____

Signature: _____ Date: _____

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

Designation of Funds: Designated to:

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

I may revoke my authorization at any time, subject to providing notice within 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 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

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