

Pre-Authorized Monthly Bank Withdrawal Form

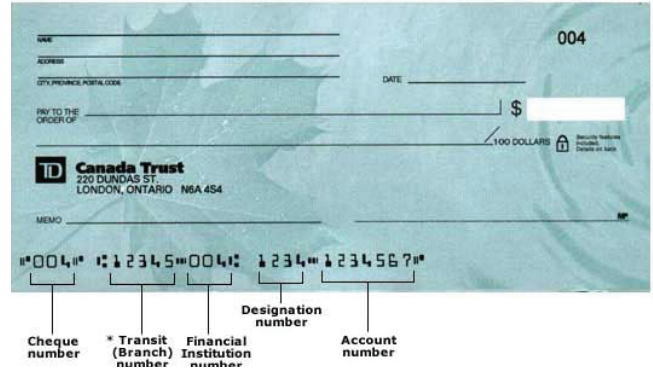


ANGLICAN COMMUNION ALLIANCE

Thank you for partnering with Anglican Communion Alliance!

Please complete the form below and use the sample cheque as a guide. Once complete, please mail to ACA, c/o Box 374, Brighton ON, K0K 1H0.

There is no need to include a void cheque. If you have any questions please contact Linda at 613-848-9395 or write to us at anglicancommunionalliance@gmail.com. As with any pledge, it can be altered or cancelled at any time. Our CRA Business Number is 83249 6855 RR 0001.



Contact Information

FIRST NAME		LAST NAME		ADDRESS	
CITY	PROVINCE	POSTAL CODE	PHONE NUMBER	EMAIL ADDRESS	

Bank Information

<input type="checkbox"/> Chequing <input type="checkbox"/> Savings ACCOUNT TYPE	<input type="checkbox"/> Personal <input type="checkbox"/> Business TYPE OF PRE-AUTHORIZED DEBIT	BANK BRANCH NUMBER	BANK INSTITUTION NUMBER
BANK ACCOUNT NUMBER	<input type="checkbox"/> \$250 <input type="checkbox"/> \$100 <input type="checkbox"/> \$75 <input type="checkbox"/> \$50 <input type="checkbox"/> Other _____ AMOUNT OF MONTHLY DONATION		

Account Designation

Please select the account you would like your donation to be directed towards.

<input type="checkbox"/> General Fund	<input type="checkbox"/> National Director	<input type="checkbox"/> Website Management
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Terms & Conditions

Thank you for your partnership! Payments will start on the 15th of the month following receipt of this form.

Your Payor's Pre-Authorized Debits (PADs) agreement may be cancelled provided notice is received thirty (30) days before the next scheduled PAD.

You have certain recourse rights if any debit does not comply with these terms. For example, you have the right to receive a reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit Canadian Payments Association at cdnpay.ca.

Authorization

Payor's Acceptance and Authorization: I/We, by signing below and submitting this form, authorize Anglican Communion Alliance (the Payee) to issue PADs (as defined in CPA, Rule H1) drawn on the above account in accordance to the "Terms and Conditions" of the Pre-Authorized Agreement for the agreed upon amount on a monthly basis.

PAYOR NAME (PLEASE PRINT)	PAYOR SIGNATURE	DATE
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