

AGREEMENT FOR AUTOMATIC MONTHLY DONATIONS

DONATION PLAN INFO

Monthly Donation Amount \$ _____

Starting Month: _____, 20____

This donation is made on behalf of: ☐ An individual ☐ A business

BANK INFORMATION

Please process my donation from my:

☐ Chequing Account (VOIDED CHEQUE enclosed)

☐ Savings Account (DEPOSIT SLIP enclosed)

On the: ☐ 5th OR ☐ 20th of each month

Bank: _____

Phone Number: () _____

Address: _____

CREDIT CARD INFORMATION

I would prefer my monthly donation of \$_____ charged to my:

☐ VISA ☐ MasterCard

On the: ☐ 1st OR ☐ 15th of each month

Card number: _____

Exp date: ____/____ Security Code: ____

I authorize the monthly donation to **Creation Ministries International** as specified above. I understand that I may revoke this authorization at any time, subject to providing 30 days notice in writing or by phone. I have certain recourse rights if any charge does not comply with this agreement. For example, I have the right to receive reimbursement for any charge that is not authorized or is not consistent with this agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca

Signature: _____ Date: _____

PLEASE RETAIN A COPY FOR YOUR RECORDS