

MMF
Pre-authorized Debit (PAD) Agreement

I/We authorize Multi-nation Missions Foundation to debit my bank account for:

Project/missionary: _____

Donation amount: _____

Frequency (circle your choice): Semi-monthly Monthly One time Gift Other _____

On the 1st , 15th , (circle your choice) of each and every consecutive month.

Start date: _____ End date (optional): _____

Donor Name: _____

Address: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

These services are for (check one): _____ personal use _____ business use.

Please attach a void cheque to this application and mail to:

MMF, Po. Box 2401, STN A,
Abbotsford, BC,
V2T 4X3, Canada.

Email: chris@mmf1985.org

This authority is to remain in effect until **MMF** has received written notification from me of its change or termination. This notification must be received at least 30 days in advance of the next pre-authorized debit at the address above. 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/We 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 Pre-Authorized Debit Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.