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 Other_____

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

Start date:_____ End date:_____

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, #106-2825 Clearbrook Road
Abbotsford, BC, Canada
V2T 6S3

Email: info@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.