



XTREME MERCY CANADA SOCIETY

P.O. Box 14072 Trethewey PO

Abbotsford, BC V2T 0B4

Ph: 604.768-8728 or Ph: 604.795.0100

www.xingu.org

Pre-Authorized Giving Plan – Authorization Form

Personal Information (please print)

Name(s) _____

Address _____

City/Province _____ Postal Code _____

Email _____ Phone # _____

This donation is made on behalf of: _____ an Individual _____ a Business

Account Information

Please include a Void Cheque to
Provide your banking details.
The Donation amount will be
Automatically deducted from this Bank Account.



- Chequing Account
- Savings Account

Pre-Authorized Withdrawal Information

I/We authorize Xtreme Mercy Canada (XMC) to debit my/our account indicated above, in the amount of:

- \$_____ on the 1st day of the month **OR** \$_____ on the 15th day of the month
- \$_____ on the ____ day of the month

Date of first pre-authorized withdrawal: _____

I/We would like the Pre-Authorized withdrawal to be designated and used for:

	Description	Designation Code	Amount
<input type="checkbox"/>	_____	_____	\$ _____
<input type="checkbox"/>	_____	_____	\$ _____
<input type="checkbox"/>	_____	_____	\$ _____

*Each donation shall be the same as if I/we had personally issued a cheque authorizing the Bank to pay Xtreme Mercy Canada (XMC) as indicated and to debit the amount specified from my/our account.

*I/We understand that this agreement can be cancelled at any time, upon written notice to the address below.

*I/We understand the Bank is not responsible to verify whether these withdrawals are properly debited from our account.

*Any delivery of this authorization to Xtreme Mercy Canada constitutes delivery by me/us to the Bank.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/We 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/our recourse rights, I/We may contact your financial institution or visit www.cdnpay.ca.

I/We am/are the person(s) who are authorized to sign on the above account.

Signature: _____ Date: _____

Signature: _____ Date: _____

Complete this form and send (together with your cheque) to: the address above or scan and email to xtrememercy.ca@gmail.com.