

Pre-Authorized Payment Request

I authorize Gospel Trust Canada to withdraw my personal monthly donation of \$_____ from my bank account on the 25th day of each month. (Please enclose a blank cheque marked "void")

I understand that I may cancel this authorization at any time with written notice which must be received at the address below at least ten (10) business days before the next debit is scheduled. To obtain a sample cancellation form or further information on the right to cancel a PAD Agreement, I can contact my financial institution or visit www.cdnpay.ca

I 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 PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca

Signature: _____ Date: _____

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home telephone: _____ Email address: _____

Date to begin withdrawal: _____ 25th, 20__
(month)

Suggested designation of donation (complete below or include a separate sheet of paper)

Amount	For the work of:
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	Administrative Expenses
\$ _____	Total

Email, mail or fax the completed form with a cheque marked "void" to:

Gospel Trust Canada
80 Robarts Drive
Milton, ON L9T 5P3

Fax: (905) 878-7485

Email: marybeth@gospeltrust.ca

You will receive a tax receipt for your donation at the end of each month.