

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: _____ 25, 201_

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

| <u>Amount</u> | <u>For the work of:</u> |
|---------------|-------------------------|
| \$ _____ | _____ |
| \$ _____ | _____ |
| \$ _____ | _____ |
| \$ _____ | Administrative Expenses |
| \$ _____ | Total |

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

**Gospel Trust Canada
3 Hill Top Trail
Stouffville, ON L4A 3G7**

Email: info@gospeltrust.ca

You will receive a tax receipt for your donations at the end of the year.