



PRE-AUTHORIZED GIVING PLAN AUTHORIZATION FORM

Contact Information

Name _____
Email _____
Address _____
City _____ Postal Code/Zip _____
Province/State _____ Phone Number _____
Donation is made on behalf of: an individual a business

Bank Account Information

Please include a VOID CHEQUE to provide your banking details. The donation amount will be automatically deducted from this bank account.

Account Type: Checking Account Savings Account

When changing bank accounts, please send updated account information to our office in writing as soon as possible so that missionary receiving your support is not affected.

Pre-Authorized Debit Information

I/We authorise Global Gates Network of Canada to debit my/our account indicated above, for the following amount, and designated to the following project/staff support:

1st business day of month (OR) on or after 15th business day of month

Amount: _____

Date of first Withdrawal: _____

Designation (name of worker or project): _____

Authorization

Each donation shall be the same as if I/we had personally issued a cheque authorising the Bank to pay Global Gates Network of Canada as indicated and to debit the amount specified from my/our account. I/We understand 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 Global Gates Network of 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 authorised 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 authorised to sign on the above account and give permission for automatic withdrawal as per these instructions.

Signature: _____ (account owner) Date: _____

Signature: _____ (if joint account) Date: _____

Please send this completed form with your void cheque:

Scan and email to info@globalgates.ca

Or mail: Global Gates Network of Canada, 21 Perkins Drive, Brampton, ON L7A 3W2

Canadian Revenue Agency Registration: 798552527RR0001. We will send a charitable tax receipt to you by post or email at the beginning of the next calendar year. Please contact us for any address changes.