

# Sheppard Ministries Society

## Monthly Pre-Authorized Donation/Debit Form

Date: \_\_\_\_\_

**Please debit my bank account: (*attach VOID cheque*)**

\_\_\_\_ \$25    \_\_\_\_ \$50    \_\_\_\_ \$75    **Other Amount** \_\_\_\_\_ (specify)

*The debit will be processed to your bank account on the 18<sup>th</sup> day of each month or the next business day.*

Signature: \_\_\_\_\_

Your Name: \_\_\_\_\_

Mailing Address/Contact Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**This donation is made on behalf of: \_\_\_\_\_ an Individual \_\_\_\_\_ a Business**

You may revoke your authorization at any time, subject to providing notice of 14 days to Sheppard Ministries Society. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution.

When you have completed this form, please send it, and a void cheque, to:

## Sheppard Ministries Society

#1001 – 3170 Gladwin Road

Abbotsford, BC

Canada V2T 5T1

Phone: 604-854-1125

E-mail: [gretasheppard@shaw.ca](mailto:gretasheppard@shaw.ca)

For your protection: You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights, you may contact Sheppard Ministries or your financial institution.