



Giving Hope Today

The Salvation Army

Canada & Bermuda
BC Division

Kelowna Community Church

1480 Sutherland Ave.
Kelowna BC V1Y 5Y5
Tel: 250-860-2329
Fax: 250-861-3025

“Pre-Authorized Contribution/Donation” Service

Donor Name:	_____
Mailing Address or	_____
Contact Information:	_____

By signing and submitting this form, you verify that you are the person(s) required to sign on the provided account, and you authorize The Salvation Army to debit your bank account for the purpose making a charitable contribution/donation, as outlined below. This donation is on behalf of:

- an individual
- a business.

In the amount of : \$ _____	Processed: <input type="checkbox"/> Once per month on the 1 st of each month <input type="checkbox"/> Once per month on the 15 th of each month <input type="checkbox"/> Twice a month on the 1 st and 15 th of each month
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Your have designated your contribution/donation for the following purposes:

- | | |
|---|--|
| <input type="checkbox"/> \$ _____ General offering/support | <input type="checkbox"/> \$ _____ National Red Shield Appeal |
| <input type="checkbox"/> \$ _____ Youth Ministries/YP Corps | <input type="checkbox"/> \$ _____ Partners In Mission/Self-Denial Appeal |
| <input type="checkbox"/> \$ _____ Home Missions Appeal | <input type="checkbox"/> \$ _____ Child Sponsorship Program |
| <input type="checkbox"/> \$ _____ Other _____ | <input type="checkbox"/> \$ _____ Other _____ |
| <input type="checkbox"/> \$ _____ Other _____ | (subject to confirmation of program availability) |

You may cancel or modify this agreement at any time, provided you notify us in writing at least 30 days of the next scheduled debit, by contacting us at the address or telephone number listed above.

Signature: _____ Dated: _____

Signature: _____ Dated: _____

(Additional signature, if required for joint accounts)

Please include a copy of your cheque marked --- VOID --- or a copy of a pre-printed deposit slip.

Statement of recourse:

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, contact your financial institution or visit www.cdnpay.ca. The Salvation Army will never transfer the right to debit your account to any other party.