



# PRE-AUTHORIZED DONOR PROGRAM ENROLLMENT AGREEMENT

Please complete and return this form to Christian Service Brigade of Canada, to the attention of the Office Manager, with one of your cheques unsigned and marked VOID (for verification purposes).

I/WE

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

This donation is made on behalf of  an Individual  a Church

## AUTHORIZE CHRISTIAN SERVICE BRIGADE OF CANADA

1000 Stormont Street, Ottawa, ON K2C 0M9

## TO DEBIT MY/OUR ACCOUNT

Account Number \_\_\_\_\_ Transit No. \_\_\_\_\_

Held at (Name of Financial Institution) \_\_\_\_\_

Branch Address \_\_\_\_\_

For the Support of \_\_\_\_\_

## IN THE FIXED AMOUNT OF

\$ \_\_\_\_\_ payable on the  1st and/or the  15th of the month.

beginning month \_\_\_\_\_ year \_\_\_\_\_

I/WE have read and understood the terms of this authorization and acknowledge receipt of a copy thereof.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature\* \_\_\_\_\_

For joint accounts, all depositors must sign if more than one signature is required on cheques issued against the account.



**CSB Canada**

**1000 Stormont St**

**Ottawa, ON K2C 0M9**

## TERMS AND CONDITIONS

I/We will notify Christian Service Brigade of Canada in writing of any changes in the account information.

I/We may revoke my/our authorization at any time, subject to providing notice or termination of this authorization at least twenty (20) days prior to the next payment date.

I/We understand that termination of this authorization does not affect my/our obligation to pay for goods or services contracted for/with Christian Service Brigade of Canada.

My/Our financial institution will treat each debit as if I/we had personally issued a written direction authorizing Christian Service Brigade of Canada to debit the amount(s) specified to my/our account and need not verify that payments are drawn in accordance with this authorization.

I/We understand that any debits to my/our account will be reimbursed if:  
(a) this debit was not drawn in accordance with this authorization;  
(b) this authorization has been terminated; or  
(c) the debit was posted to the wrong account due to invalid/incorrect account information supplied by Christian Service Brigade of Canada,  
by giving notice in writing to my/our branch of account within ninety (90) days of the debit to my/our financial institution.

I/We acknowledge that delivery of this authorization to Christian Service Brigade of Canada constitutes delivery to my financial institution.

I/We warrant that all persons whose signatures are required to sign up on this account have signed this authorization.

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 authorized or is not consistent with this Agreement. To obtain further information on my/our recourse rights, I/we may contact our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

