

DONOR DETAILS

## The Salvation Army

Canada & Bermuda Territorial Headquarters

**Finance Department** 

2 Overlea Blvd Toronto ON M4H 1P4

Tel: (416) 425-2111 ext. 2237 Fax: (416) 422-6148

Payroll Fax: 416 422 6111

## "Pre-Authorized Contribution/Donation" Service

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 of making a charitable contribution/donation, as outlined below.

Name:			
Address:		City/Pro	ov:
Phone number:		Postal C	Code:
Email address:			
DONATION D	ETAILS		
Beneficiary – M	inistry unit name: Orilli	ia Corps	
Ministry Unit R	ESPC# (if known): 1517	701	
Donation Amou	nt: \$ Amount v	withdrawn: Once per month on the 1	st of each month
		Once per month on the 1	15th of each month
		☐ Twice per month on the	1st and 15th of each month
The donation is	designated for the followin	ng purpose(s) (total must equal donation amoun	nt above):
<b>\$</b>	General Offering/Suppo	ort	
<b>\$</b>	Youth Ministries/YP Corps		
<b>\$</b>	Home Missions Appeal		
<b>\$</b>	Partners In Mission/Self	f-Denial Appeal	
<b>\$</b>	Other (specify):	(subject to confirmation of program available	ility)
		t at any time, provided you notify us in us at Accounting_Operations@can.salva	
Signature:		Name: (Please print)	Date:
Signature:	equired for joint accounts)	Name: (Please print)	Date:

## **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 <a href="https://www.cdnpay.ca">www.cdnpay.ca</a>. The Salvation Army will never transfer the right to debit your account to any other party.