

# The Salvation Army

Canada & Bermuda  
Ontario Division

## New Hope Community Church

**690 Riddell Road**  
**Orangeville, Ontario**  
**L9W 5G5**  
Tel: 519 943 1203  
Fax: 519 943 1204

### “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:  Once per month on the 1<sup>st</sup> of each month  
 Once per month on the 15<sup>th</sup> of each month  
 Twice a month on the 1<sup>st</sup> and 15<sup>th</sup> of each month

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 _____               | (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](http://www.cdnpay.ca). The Salvation Army will never transfer the right to debit your account to any other party.