



The Christian and Missionary Alliance in Canada
30 Carrier Dr Suite 100 · Toronto ON M9W 5T7
Telephone: 416-674-7878 Fax: 416-674-0808

Pre-Authorized Payment (PAP) Request

Authorization Information:

I/We hereby authorize the bank or financial institution named below to debit my/our **Canadian dollar account** each month and provide the payments to The Christian and Missionary Alliance in Canada (C&MA). The monthly debit to my account is scheduled for **the fifth day of each month**. If the fifth day of the month falls on a weekend or holiday, the debit will occur on the first business day following the fifth of the month.

Option to Cancel or Change this Authorization at Any Time:

I/We may cancel this authorization at any time, by providing written notice to the C&MA. I/We will provide **ten days notice** to the C&MA of the details of any changes in the pre-authorized bank account below (in the event of a change in bank accounts, etc.).

Authorization for the C&MA's Bank (Royal Bank of Canada):

Receipt of this authorization by the C&MA constitutes delivery by me to the bank or financial institution named below. I/We affirm that all persons whose signatures are required to authorize withdrawals from the account below have signed this authorization. I/We agree that the information contained in this authorization may be disclosed to the Royal Bank of Canada as required to complete any pre-authorized debit transaction.

My Name _____ My Email Address _____

My Street Address _____

Phone# (____) _____

Bank Account No. _____ Bank or Financial Institution# _____

Bank Name _____

Bank Address _____

Amount of Monthly Pre-Authorized Payment \$

Funds to be used for: _____ **Global Advance Fund** (for Alliance missionaries)
_____ Other (please specify) _____

Authorized Signature

Second Authorized Signature (if needed)

Date _____

Please attach a voided blank cheque here