



**FRIENDS
IN ACTION
INTERNATIONAL**

FRIENDS in Action Intl - Canada
 PO Box 901 Guelph ON N1H 6M6 905-642-9531
 office.fiac@gmail.com www.fiaintl.org

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

I want to support Friends in Action Intl through a monthly donation. I wish my funds to be designated as noted below.

Missionary Name: _____ General Fund Project: _____

Please debit my bank account (**attach a VOID cheque**) _____ \$25 _____ \$50 _____ \$100 OTHER: \$ _____

Start transaction on 1st or the 15th commencing month of _____ 20 ____ One time donation

This donation is made on behalf of: (please check) an Individual a Business

SIGNATURE: _____ DATE: _____

DONOR NAME: (please print) _____

Street _____ City _____ Prov _____ PC _____

Phone (_____) _____ E-mail: _____

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. You may revoke your authorization at any time, subject to providing notice of 10 days to FIA. To obtain more information on your recourse rights, you may contact your financial institution or visit payments.ca

CREDIT CARD AUTHORIZATION

I want to donate to Friends in Action with an authorized transaction on my credit card. Funds are to be designated as noted below.

Missionary Name: _____ General Fund Project: _____

CHARGE TO MY CARD: \$ _____ One time donation \$ _____ Monthly donation

Start monthly transaction on 1st or the 15th commencing month of _____ 20 ____ One time donation

Contact our office to change or cancel your authorized monthly donation. 905.642.9531

CARD # _____ / _____ / _____ / _____ Exp date: ____ / ____ SEC. CODE: _____

SIGNATURE: _____ DATE: _____

DONOR NAME: (please print) _____

Street _____ City _____ Prov _____ PC _____

Phone (_____) _____ E-mail: _____