



To make automatic monthly donations to Canadian Foodgrains bank, please print off a copy of this contract, fill it out, sign, attach a voided cheque, and mail to:

Canadian Foodgrains Bank
 Box 767
 Winnipeg, MB R3C 2L4

PRE-AUTHORIZED PAYMENT CONTRACT

Personal Information:

Name: _____ Phone Number: _____
 Address: _____ City/Province: _____
 Postal Code: _____ Email Address: _____

Banking Information:

Bank: _____ Branch: _____
 Account Number: _____ or Credit Card Number: _____ Expiry _____
 (Please attach voided cheque)

Please mark (x) and fill in a donation amount:

() I authorize Canadian Foodgrains Bank to debit \$ _____ from the above account/credit card on the 15th of each month.

Effective Date:

I would like to start my automatic withdrawals in _____ (month/year). This contract will remain in effect until I notify Canadian Foodgrains bank in writing of any changes.

Member Designation:

I would like my donation to be credited to the following account(s). Please mark (x) on one or more.

- | | |
|---|--|
| <input type="checkbox"/> Adventist Development and Relief Agency Canada | <input type="checkbox"/> Evangelical Missionary Church of Canada |
| <input type="checkbox"/> Canadian Baptist Ministries | <input type="checkbox"/> Mennonite Central Committee Canada |
| <input type="checkbox"/> Canadian Catholic Organization for Development & Peace | <input type="checkbox"/> Nazarene Compassionate Ministries Canada |
| <input type="checkbox"/> Canadian Lutheran World Relief | <input type="checkbox"/> Presbyterian World Service & Development |
| <input type="checkbox"/> Christian and Missionary Alliance in Canada | <input type="checkbox"/> Primate's World Relief & Development Fund |
| <input type="checkbox"/> Christian Reformed World Relief Committee | <input type="checkbox"/> The Salvation Army |
| <input type="checkbox"/> Emergency Relief & Development Overseas (PAOC) | <input type="checkbox"/> The United Church of Canada |
| | <input type="checkbox"/> World Relief Canada |
| | <input type="checkbox"/> General Account |

I would like ___ monthly receipts or ___ an annual receipt.

_____ Date

_____ Signature of Authorization