Pre-Authorized Payment Contract

To make automatic monthly donations from your bank account to Canadian Foodgrains Bank, please print, complete and sign this contract. Attach a voided cheque and mail to:

CANADIAN FOODGRAINS BANK BOX 767 WINNIPEG MB R3C 2L4

Personal Information

Name	ł	Phone Number	
Address	(City, Province	
Postal Code	I	Email Address	
Banking Informatio	n (please attach voided chequ	e)	1
Bank	Branch	Account Number	

Donation Amount (please mark 🗵 for authorization)

□ I authorize Canadian Foodgrains Bank to debit \$_____ from the above account every month.

Effective Date

I would like to start my automatic withdrawal	s on the \Box 1 st OR \Box 15 th in .	(month/year).
This contract will remain in effect until I notify	/ Canadian Foodgrains Bank	in writing of any changes.

Member Account

I would like my donation to be deposited into the following account at Canadian Foodgrains Bank.

- ADRA Canada (Adventist Development & Relief Agency Canada)
 Canadian Bantist Ministriae
- Canadian Baptist Ministries
- Development & Peace—Caritas Canada (Catholic Church in Canada)
- Canadian Lutheran World Relief
- □ The Christian & Missionary Alliance in Canada
- ERDO Emergency Relief & Development Overseas (Pentecostal Assemblies of Canada)
- □ Evangelical Missionary Church of Canada
- □ Mennonite Central Committee Canada

□ Nazarene Compassionate Ministries Canada

Canadian Foodgrains

A Christian Response

1

Bank

to Hunger

- □ Presbyterian World Service & Development
- Primate's World Relief and Development Fund (Anglican Church of Canada)
- □ Tearfund Canada
- □ The Salvation Army
- □ The United Church of Canada
- □ World Renew (Christian Reformed Church)
- □ General Account (all members)

The agency will be notified of your contribution.

Tax receipts will be issued annually by the end of February.

Signature of Authorization