

## PREAUTHORIZED DEBIT (PAD) AGREEMENT RECURRING MONTHLY DONATION

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Please complete the form below and return a scanned copy by Email to [foica@foi.org](mailto:foica@foi.org)  
or by Mail to:

The Friends of Israel Gospel Ministry Canada  
PO Box 84570, RPO Bloor West  
Toronto, Ontario M6S 4Z7

### Pledge Information:

I wish to make a monthly preauthorized cheque donation of \$ \_\_\_\_\_ to be used for:

The Friends of Israel Gospel Ministry—Canada (FOI Canada)

Designated Support of an FOI Representative or Project: \_\_\_\_\_

**This donation is made by:** \_\_\_\_\_ **An Individual** \_\_\_\_\_ **a Business**

I understand that my bank account will be debited the above amount on the 15th of each month beginning: \_\_\_\_\_ (month/year).

I have enclosed the required VOID CHEQUE for this purpose.

### Donor Information: (please print clearly)

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Apt/Ste/Unit #

\_\_\_\_\_  
City  
( )

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Area Code Telephone #

\_\_\_\_\_  
Email Address

*I hereby authorize to debit my bank account on the 15th of each month until further notice. I understand my bank statement will show a withdrawal to C.I.B.C*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

I have certain recourse rights if any debit does not comply with this agreement. For example, I 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 my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)