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CFSC MONTHLY DONOR PROGRAM DONOR'S PRE-AUTHORIZED WITHDRAWAL AGREEMENT

Donor Information - Please Print Clearly				
Last Name	First Name		Phone	
Street	City		Province	Postal Code
Pre-Authorized Withdrawal (PAW) Details				
Fixed Amount	Start Date			
			☐ Monthly	
Bank Account Information				
5-Digit Transit Number	3-Digit Institution Number		Account Number	
ATTACH BLANK CHEQUE MARKED "VOID"				
Authorization				
I authorize Canadian Friends Service Committee to debit my account with the aforementioned financial institution for				
the amount and frequency described above until written or oral notice to the contrary is given.				
Signature		Date		
Waiver of Pre-Notification				
I waive any and all requirements for pre-notification of debiting, including, without limitations, pre-notification of any changes for PAW due to a change in any applicable tax rate, top-up, or adjustment.				
Signature		Date		

Cancellation

This Authorization may be cancelled at any time upon notice being provided by me, either in writing or orally, with proper authorization to verify my identity, within 10 days before the next PAW is to be issued.