



Simonhouse Bible Camp Monthly Pre-Authorized Debit (PAD) Agreement

1. Donor Information (please print clearly)

Name: _____

Mailing Address: _____

Town: _____ Prov: _____ Postal Code: _____

Phone: _____ Email: _____

2. Donation Information

I hereby authorize Simonhouse Bible Camp to debit \$_____/month from my bank account on the 15th day of each month or the next business day.

This donation is made on behalf of: an Individual a Business

I may revoke authorization by providing the date to cancel in writing 30 days prior to withdrawal date. 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.

3. Bank Account Information

I've attached a *VOID* cheque

or

Please use the following banking information:

Financial Institution # (3 digits) Branch Transit # (5 digits)

Account # (5 – 15 digits)

Financial Institution: Name: _____

Address: _____

4. Signature

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.

Spending of donor designated funds is confined to programs and projects approved by SBC. Donations or gifts to SBC which falls outside of SBC's mission and vision cannot be accepted. Each restricted contribution designated towards an approved program or project will be used as designated with the understanding that when the need for such a program or project has been met, or cannot be completed for any reason determined by SBC, the remaining restricted contributions will be used where needed most.

Signature: _____ Date: _____

Please remit to: Simonhouse Bible Camp, # 206 – 35 Main St., Flin Flon, MB R8A 1J7
Fax: (800) 282-1726, Phone: (204) 687-3340, Email: info@simonhouse.ca, Web: www.simonhouse.ca