



Andrew Wommack Ministries Canada

Grace Partnership – Pre-Authorized Debit Form

I want to support ANDREW WOMMACK MINISTRIES CANADA through automatic monthly donations.

Please debit my bank account: \$ _____ on the 1st 15th of each month
(minimum amount: \$5.00) (check one or both)

Start Date: _____ 1st 15th _____
(month) (check only one) (year)

Your gift will be withdrawn from your chequing account on the day(s) specified above or the next business day.

Donor Name: _____
Please include First and Last Name, or Name of Business/Organization

Address: _____

City/Town: _____

Province: _____

Postal Code: _____

E-mail: _____

Telephone: _____

Signature: _____

Signature of Joint Account Holder: _____
(If applicable)

Date Form Signed by Account Holder(s): _____

Receipt Preference: Year-End Monthly None

Upon completion, please return this form to the Canadian office of AWM:

1. Scan and email to info@awmc.ca
2. Fax to **647-348-2220**
3. Mail to:

**AWM Canada
PO Box 80010
Toronto ON M2J 0A1**

If sending by mail, please allow 10 business days for the initial processing of your request.

For Office Use Only (DO NOT WRITE)

Start Date: _____

Code: **480** AR#: _____

Bank: **0** DP#: _____

Transit: _____

Account: _____

The office of Andrew Wommack Ministries Canada keeps your personal information STRICTLY PRIVATE AND CONFIDENTIAL. All offerings, less the value of product received, may be tax-deductible, as allowed by CRA regulations. This authorization is to remain in effect until Andrew Wommack Ministries Canada has received written notification from you of its termination in such time and in such manner as to afford Andrew Wommack Ministries Canada and Depository a reasonable opportunity to act on it. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, you may contact your financial institution or visit www.cdnpay.ca. You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD Agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca.

Attach VOID cheque here