



77 Willow Green Way
Cochrane, AB
T4C 2N3
403-835-5454
canada@micn.org

PRE-AUTHORIZED DEBIT ACTIVATION FORM

Name: _____

Address: _____

E-Mail Address: _____

Donation Amount: _____

- ☐ Donation Date: 1st of each month
☐ Donation Date 15th of each month

Starting Date: _____

Direct My Donation To:

- ☐ General Fund
☐ _____

Specify MICN worker or International Church

Bank Name: _____

Financial Institution: _____

Branch/Transit Number: _____

Account Number: _____

JANE SPECIMEN
2345 MAIN STREET
VANCOUVER, BC V6A 4G2

DATE 20YY-MM-DD
Y Y Y Y M M D D

PAY TO THE ORDER OF _____ \$ _____

100 DOLLARS

Vancity VANCITY CENTRE COMMUNITY BRANCH
183 TERMINAL AVENUE TEL: 604.877.7013
VANCOUVER, BC V6A 4G2

MEMO _____

100000026054

■ Branch/Transit # ■ Financial institution # ■ Account #

You, the Payor, authorize _____ to debit the bank account
identified above for the full amount of services _____ on the ____ of every month or the next business day.

These services are for: (check one) ____ Personal ____ Business

You, the Payor, may revoke your authorization at any time in writing, subject to providing notice of 30 days by emailing canada@micn.org. For more information on your rights to cancel a PAD Agreement, contact your financial institution or visit www.payments.ca

Signature(s) of Account Holder:

Name: (Please Print)

Signature

Date

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 this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.payments.ca

When this form is complete, return to:

Yolanda Bosma @
canada@micn.org or mail to
MICN Canada
77 Willow Green Way
Cochrane,