



# XTREME MERCY

**XTREME MERCY CANADA SOCIETY**  
P.O. Box 14072 Trethewey PO  
Abbotsford, BC V2T 0B4  
Ph: 604.768-8728 or Ph: 604.795.0100  
www.xtrememercy.com

## Pre-Authorized Giving Plan – Authorization Form

### Personal Information (please print)

Name(s) \_\_\_\_\_  
Address \_\_\_\_\_  
City/Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Email \_\_\_\_\_ Phone # \_\_\_\_\_  
This donation is made on behalf of: \_\_\_\_\_ an Individual \_\_\_\_\_ a Business

### Account Information

Please include a Void Cheque to  
Provide your banking details.  
The Donation amount will be  
Automatically deducted from this Bank Account.



- Chequing Account  
 Savings Account

### Pre-Authorized Withdrawal Information

I/We authorize Xtreme Mercy Canada (XMC) to debit my/our account indicated above, in the amount of:

- \$ \_\_\_\_\_ on the 1<sup>st</sup> day of the month      **OR**       \$ \_\_\_\_\_ on the 15<sup>th</sup> day of the month  
 \$ \_\_\_\_\_ on the \_\_\_\_ day of the month

Date of first pre-authorized withdrawal: \_\_\_\_\_

I/We would like the Pre-Authorized withdrawal to be designated and used for:

	Description	Designation Code	Amount
<input type="checkbox"/>	_____	_____	\$ _____
<input type="checkbox"/>	_____	_____	\$ _____
<input type="checkbox"/>	_____	_____	\$ _____

\*Each donation shall be the same as if I/we had personally issued a cheque authorizing the Bank to pay Xtreme Mercy Canada (XMC) as indicated and to debit the amount specified from my/our account.

\*I/We understand that this agreement can be cancelled at any time, upon written notice to the address below.

\*I/We understand the Bank is not responsible to verify whether these withdrawals are properly debited from our account.

\*Any delivery of this authorization to Xtreme Mercy Canada constitutes delivery by me/us to the Bank.

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

I/We am/are the person(s) who are authorized to sign on the above account.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Complete this form and send (together with your cheque) to: the address above or scan and email to [xtrememercy.ca@gmail.com](mailto:xtrememercy.ca@gmail.com).