

**I want to commit my support in the following ways:**

- You can count on my prayer support for the ministries of **reSource**, affiliated schools and students.
- I would like to contribute \$\_\_\_\_\_ toward **reSource** operations in Canada.
- I would like to provide one student scholarship. Payment for \$1,800 is enclosed. (or \$150 monthly)
- I would like to provide a partial or multiple student scholarship. Payment for \$\_\_\_\_\_ is enclosed.
- I would like to support a student on a monthly basis. My cheques or EFT/CC application is enclosed.
- I would like to support the \_\_\_\_\_ project. My cheque/credit card payment for \$\_\_\_\_\_ is enclosed or my EFT/CC application is enclosed for \$\_\_\_\_\_ monthly.
- Please provide me with information on the school / project I am supporting.

**Pre-Authorized Debit Agreement – monthly donations only**

All information requested is required as per Canada Revenue Agency Rule H1 effective Aug.2007.

Name: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ PC: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

I authorize *reSource* to withdraw funds from my bank account as indicated in the form below  
for the purposes of a Personal Designated Charity Donation.

Designated to the support of: \_\_\_\_\_

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

Cancellation of this bank withdrawal or credit card debit must be provided to *reSource* in writing / e-mail by the fifteenth day of the month prior to the month the cancellation is to be effective.  
Donor may also cancel a PAD Agreement at their financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca). 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.cdnpay.ca](http://www.cdnpay.ca).

Bank details required for Electronic Funds Transfer (EFT) from a chequing or savings account only, not for credit card debits.

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ PC: \_\_\_\_\_

Bank Phone: \_\_\_\_\_

**Please clearly indicate your choice of EFT**

- The withdrawal should be made from my chequing account. I have enclosed a bank coded voided cheque and completed the details above.
- The withdrawal should be made from my savings account. I have enclosed a bank coded deposit slip and completed the details above.
- The debit should be made to the following credit card: VISA / MasterCard / AMEX Circle the appropriate type of card.

Credit Card # \_\_\_\_\_ Expiry date: \_\_\_\_/\_\_\_\_ Card Security # ( 3 digits on back of card ): \_\_\_\_\_

Please indicate: One time donation: \_\_\_\_\_ Monthly donation: \_\_\_\_\_. Other (specify): \_\_\_\_\_

Date of first bank account withdrawal or credit card debit: \_\_\_\_\_ 10<sup>th</sup>, 20\_\_\_\_.

Cancellation information is found on the reverse side of the form. Please retain a copy of this form for your records.