

**INNER HOPE YOUTH MINISTRIES** « Date:

I want to support Inner Hope Youth Ministries through personal charitable monthly donations. Please debit my bank account on the  1st or  16th day of each month.

Amount \$ \_\_\_\_\_

Signature(s): \_\_\_\_\_

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

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

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

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone No.: \_\_\_\_\_

I may revoke my authorization at any time, subject to providing notice of 3-4 weeks to process. 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](http://www.cdnpay.ca). 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](http://www.cdnpay.ca).



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**Jenny** 604.767.1357

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Please include a sample cheque  
marked "VOID"