



Cancellation Agreement

I (we) acknowledge that, in order to completely revoke this authorization, I (we) must provide and deliver written notice of revocation to The Scott Mission. I (we) may cancel this authorization at any time.

Acceptance of Delivery of Authorization

I (we) acknowledge that provision and delivery of this authorization to The Scott Mission constitutes delivery by me (us) to the aforementioned financial institution. Any delivery of this authorization to you constitutes delivery by me (us).

Validation by Financial Institution

I (we) acknowledge that the aforementioned financial institution is not required to verify that the debit has been issued in accordance with the particulars of the authorization, including the amount and frequency of payments.

I (we) acknowledge that the aforementioned financial institution is not required to verify that any purpose of payment for which the debit was issued has been fulfilled by The Scott Mission as a condition to honouring a preauthorized debit issued by The Scott Mission on my (our) account.

Change of Account Information

I (we) undertake to inform The Scott Mission, in writing, of any change in the account information provided in the authorization prior to the next due date of the debit.

Rights of Dispute

Items charged will be reimbursed subject to notification by me (us) to the branch of the account within 90 days under any of the following conditions: a) I (we) never provided the authorization to The Scott Mission.

b) The preauthorized debit was not drawn in accordance with this authorization.

c) My (our) authorization was revoked.

d) The debit was posted to the wrong account due to invalid incorrect account information supplied by The Scott Mission.

I (we) understand that a written declaration to this effect must be given to my (our) financial institution.

Yes, I would like to become a monthly donor and play a key role in sustaining the work of The Scott Mission!

Name (please include Mr./Mrs./Ms./Dr./Miss)

Address

City

Province

Postal Code

Email address

I authorize The Scott Mission to draw cheques or debits from my account in the amount of \$ _____ beginning on:

Please check one:

The 1st of _____ , _____ .
(month) (year)
and on the 1st of each month thereafter.

The 15th of _____ , _____ .
(month) (year)
and on the 15th of each month thereafter.

Type of account:

Savings Chequing

Account Number:

The financial institution noted below is hereby authorized to pay and debit the account undersigned.

Name of financial institution:

Branch _____

Address _____

City

Province

Postal Code

Valid Signing authority

I (we) warrant that all persons whose signatures are required on this account have signed this agreement.

Signature: _____ Date: _____

Signature: _____ Date: _____