

Southeast Saskatchewan Youth for Christ

Box 771, Weyburn, SK S4H 2K8

In partnership with Southeast Saskatchewan Youth for Christ and as God enables me
I will contribute the equivalent of:

\$50 \$100 \$200 \$500 _____ Other

I would like to make my contribution Monthly Quarterly

PROJECT I AM CONTRIBUTING TOWARD: _____

Name and Address for Tax Purposes:

Name: _____ Mailing Address: _____

City: _____ Postal/Zip Code: _____

Phone # (____) _____ Email: _____

PRE-AUTHORIZED PAYMENT AUTHORITY

PLEASE ATTACH A VOID CHEQUE which indicates the following: Financial Institution Branch and Address, Account Holder Name and Address, Account Number, Route and Transit Number.

I hereby authorize WEYBURN CREDIT UNION LIMITED (payee) and my financial institution, on behalf of Weyburn Youth Center (credit payment to: 100108473183), to debit my account until such time as a written notice to the contrary is given to the payee.

The amount of \$ _____ may be drawn on my account # _____, beginning on _____ (date) and monthly OR quarterly thereafter, which may be changed to a future date as agreed to in writing by me. WEYBURN CREDIT UNION LIMITED will, to the best of their ability, advise me in writing of the revised amount at least 30 days of the effective date.

Please take this out of my account on the **1st of the month** OR **15th of the month**

I will notify SOUTHEAST SASKATCHEWAN YOUTH FOR CHRIST in writing of any changes in the account information or termination of this authorization prior to the next due date of the pre-authorized debit.

Items charged will be reimbursed subject to notification by me to the branch within 90 days under any of the following conditions.

- (a) I never provided the authorization to the Payee
- (b) The pre-authorization debit was not drawn in accordance with this authorization
- (c) My authorization was revoked
- (d) The debit was posted to the wrong account due to invalid/incorrect account information supplied by the Payee

I understand that written declaration of this effect must be given to my financial institution. I acknowledge that delivery of this authorization to the Payee constitutes delivery by me to the above financial institution.

Signed this _____ day of _____ AD 20 _____

Signature of Account Holder(s)