Financial Partner Pre-Authorized Payment/Debit (PAP/PAD) Agreement

I would like to support the ministry of FCA Canada via monthly pre-authorized payments. Please process deductions from my bank account as follows.

Date of the agreement: *(MM/DD/YYYY)*

Account Details*

Legal First Name: _____ Legal Last Name: _____

Bank Name: _____

Transit Number (5 digits): _____ Financial Institution Number (3 digits): _____

Account Number: _____

**Please attach a void cheque or direct deposit information to confirm account information.*

Mailing Address (If different than void cheque)

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Support Amount (CAD): $ _____

Monthly Withdrawal Date: ○ 1st ○ 15th

Designation:

○ Staff Support – Name of Staff Member: _____

○ General Fund

This agreement may be cancelled anytime with 30 days' notice for processing.

Name you go by: _____

Signature: _____

E-mail this form to: finance@fcacanada.org
Or mail it to: Fellowship of Christian Athletes Canada
7755 Tenth Line W., Mississauga ON, L5N 0C4

If you are using a US Dollar account, please contact us for further information.

Credit card payments can be processed through our website at www.canadafca.ca/donate.

E-Transfers can be made directly to finance@fcacanada.org.