

Pre-Authorized Direct Withdrawal Form

To: PAN Missions Canada
c/o Deb Martin
Box 352
Arthur, ON N0G 1A0

Your Name

Your Address

Name of Your Bank

Address of Your Bank

I/We authorize PAN Missions to debit my/our account, in the amount of \$_____ on the 20th day of each month until cancelled.

Each payment shall be the same as if I/we had personally issued a cheque authorizing the Bank to pay the Church as indicated and to debit the amount specified to my/our account.

I/we will notify PAN Missions promptly in writing if there is any change in the account. This authorization may be canceled at any time upon written notice by me/us to PAN Missions. Any delivery of this authorization to the organization constitutes delivery by me/us to the bank.

I am/we are all the persons who are required to sign on the above account. I/we have a received a signed copy of this authorization form. Any information listed hereon is gathered solely for the purpose of administering the pre-approved payments and will only be shared strictly on a "need to know" basis.

Date

Your signature

Date

Your signature

PLEASE ATTACH A "VOID" CHEQUE AND RETURN TO PAN MISSIONS