



THRESHOLD MINISTRIES

Pre-Authorized Giving Agreement

Date: _____

Your Information

Name: _____

Address: _____

Phone: _____

Email: _____

I want to support: Threshold Ministries General Fund
 Training Fund
 Street Hope in _____ (location)
 Other: _____ (please specify)

through monthly donations of:

\$25 \$50 \$75 \$100 or Other amount: \$ _____ (please specify)

Please withdraw the amount stated above, from my:

my bank account: (Please attach a VOID cheque).

Please circle which day of the month you wish to have this withdrawn from your account: 1st or 15th

VISA or MasterCard

Please circle which day of the month you wish to have this charged to your card: 1st or 15th

Card Number: _____ Expiry Date: ____ / ____

Name on Card: _____

Signature: _____

This donation is made on behalf of: an Individual or a Business.

I may revoke my authorization at any time, subject to providing notice of thirty (30) days. 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

Please return the completed form to:

THRESHOLD MINISTRIES

105 Mountain View Drive

Saint John, NB E2J 5B5

T: (506) 642-2210 Toll-free: 1-888-316-8169 F: (506) 657-8217

E: financial@thresholdministries.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.

WWW.THRESHOLDMINISTRIES.CA