

**THE GREAT COMMISSION FOUNDATION  
Pre-Authorized Debit Donation Form**

Bay 3, 1335 Trans Canada Way SE, Medicine Hat, AB T1B 1J1  
Phone: 403-488-7020 Fax: 403-829-5414

NAME(S) ON CHEQUE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY & PROVINCE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**METHOD OF PAYMENT:**

Pre-Authorized Debit- For all Pre-Authorized Debit contributions a **VOID CHEQUE MUST** be attached.

ACCOUNT #: \_\_\_\_\_

BANK TRANSIT #: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

AMOUNT TO DONATE: \$ \_\_\_\_\_

**PAYMENT FREQUENCY:**

MONTHLY ( 1<sup>st</sup> of Month, or  15<sup>th</sup> of Month)       ONE TIME GIFT

MISSIONARY OR PROJECT DESIGNATION: \_\_\_\_\_

I authorize the above donation to The Great Commission Foundation as specified above. I understand that I may revoke this authorization at any time, subject to providing 30 days' notice in writing or by phone. 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 [cdnpay.ca](http://cdnpay.ca)

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

DATE RECEIVED AT TGCF: \_\_\_\_\_ 1<sup>st</sup> MONTH PROCESSED: \_\_\_\_\_