

CANADIAN MISSION TO UNREACHED PEOPLES SOCIETY
35669 Hawksview Place
Abbotsford, BC V3G 2Y1
604-855-1963



Pre-Authorized Giving Plan – Authorization Form

Please provide the following information

First and Last Name: _____

Address: _____

City: _____ Postal Code: _____

Province: _____ Email: _____

Phone: _____

For Monthly Fund Transfers: To begin an automatic bank withdrawal, **please enclose a void cheque.** This will ensure we have the necessary bank and account information to begin automatic transfers. **Receipts will be issued at the end of the calendar year to the name on the cheque as per CRA regulations.**

Monthly Gift Designation: _____ Monthly Amount: _____

Please indicate the transfer date: 1st of _____ (indicate month & year of first payment)

I give my bank permission to transfer from my account each month the amount indicated: \$ _____ and pay to Canadian Mission to Unreached Peoples Society. I understand that this transfer will continue until I otherwise notify CMUPS to stop payment.

Each donation shall be the same as if I personally issued a cheque authorizing the Bank to pay CMUPS as indicated and to debit the amount specified from my account.

Signature: _____ Date Signed: _____

***Please mail form with a void cheque to:**

CMUPS
35669 Hawksview Pl
Abbotsford, BC V3G 2Y1

604-855-1963

Thank You!