**CANADIAN MISSION TO UNREACHED PEOPLES SOCIETY**
**#79-15677-28th Ave**
**Surrey, BC V3Z 0E5**
**778-537-2265**
**cmups.info@gmail.com**
**cmups.info**

# Authorized Giving Plan – Authorization Form

**Please provide the following information if you would like to choose this method of giving.**

**Name: _____**

**Address: _____**

**City: _____ Postal Code: _____**

**Province: _____ Email: _____**

**Phone: _____**

**For Monthly Fund Transfers:** To begin an automatic bank withdrawal, **please enclose a void cheque** or photocopy. 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 or email form with a *void cheque* to the address above.**

**Thank You!**