



77 Willow Green Way  
 Cochrane, AB  
 T4C 2N3  
 403-835-5454  
 canada@micn.org

PRE-AUTHORIZED DEBIT ACTIVATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Donation Amount: \_\_\_\_\_

- Donation Date: 1st of each month
- Donation Date 15th of each month

Starting Date: \_\_\_\_\_

Direct My Donation To:

- General Fund
- \_\_\_\_\_

Specify MICN worker or International Church

Bank Name: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Branch/Transit Number: \_\_\_\_\_

Account Number: \_\_\_\_\_



■ Branch/Transit #    ■ Financial institution #    ■ Account #

You, the Payor, authorize \_\_\_\_\_ to debit the bank account identified above for the full amount of services \_\_\_\_\_ on the \_\_\_\_ of every month or the next business day.

These services are for: (check one) \_\_\_ Personal \_\_\_ Business

You, the Payor, may revoke your authorization at any time in writing, subject to providing notice of 30 days by emailing [canada@micn.org](mailto:canada@micn.org). For more information on your rights to cancel a PAD Agreement, contact your financial institution or visit [www.payments.ca](http://www.payments.ca)

Signature(s) of Account Holder:

\_\_\_\_\_  
Name: (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights, contact your financial institution or visit [www.payments.ca](http://www.payments.ca)

When this form is complete, return to:

Yolanda Bosma @  
[canada@micn.org](mailto:canada@micn.org) or mail to  
MICN Canada  
77 Willow Green Way  
Cochrane,