



## Pre-Authorized Giving Plan Authorization Form

### CONTACT INFORMATION

Name:  Email:

Address:

City:  Postal Code/Zip:

Province/State:  Phone Number:

Donation is made on behalf of:  An Individual  A Business

### BANK ACCOUNT INFORMATION

Please include a VOID CHEQUE to provide your banking details. The donation amount will be automatically deducted from this bank account.

Account Type:  Checking Account  Savings Account

When changing bank accounts, please send updated account information to our office in writing as soon as possible so the project is not affected.

### PRE-AUTHORIZED DEBIT INFORMATION

I/We authorize the MoveIn Vision Team to debit my/our account indicated above, for the following amount, and designated to the following project/staff support:

1<sup>st</sup> business day of month  On or after 15<sup>th</sup> business day of month

Amount:  Date of first withdrawal:

Designation (name of staff or project):

### PRE-AUTHORIZED DEBIT INFORMATION

*Each donation shall be the same as if I/we had personally issued a cheque authorizing the Bank to pay MoveIn Vision Team as indicated and to debit the amount specified from my/our account. I/We understand this agreement can be cancelled at any time, upon written notice to the address below. I/We understand the Bank is not responsible to verify whether these withdrawals are properly debited from our account. Any delivery of this authorization to MoveIn Vision Team constitutes delivery by me/us to the Bank. I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we 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/our recourse rights, I/we may contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca) I/we am/are the person(s) who are authorized to sign on the above account and give permission for automatic withdrawal as per these instructions.*

Signature (account owner):

Date:

Signature (if joint account):

Date:

Please send this completed form with your void check:

Scan and email to [donors@movein.to](mailto:donors@movein.to)

Or mail: MoveIn Vision Team, 3003 Danforth Ave, PO Box 93582, Toronto ON M4C 5R4

For more information visit [www.movein.to/give](http://www.movein.to/give) or email to [donors@movein.to](mailto:donors@movein.to) Canadian Revenue

Agency Registration: 807015573RR0001. We will send a charitable tax receipt to you by post at

the beginning of the next calendar year. Please contact us for any address changes.



MoveIn.global



[donors@movein.to](mailto:donors@movein.to)



MoveIn