

A convenient method of regular giving

An increasing number of donors are using the method of making regular contributions to their designated charities or projects in the same way that they pay some of their monthly bills.... Authorizing the automatic transfer of a specific amount from their bank account on a specified date.

This method is now available to Devxchange donors who would like to enjoy its advantages.

Terms of Agreement

- I may change the amount of my contribution at any time subject to providing notice of 15 days.
- I may revoke my authorization at any time, subject to providing notice of 15 days at which time I will submit a cancellation form obtained from the PAR Contact or by contacting my financial institution or visiting www.cdnpay.ca.
- 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 PAR agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.
- I waive my right to receive pre-notification of the amount of the Pre-Authorized Remittance (PAR) and agree that I do not require advance notice of the amount of PAR before the debit is processed.



DEVXCHANGE
INTERNATIONAL PROGRAMS

How to join the Preauthorized Donation Plan

- 1 Complete the Authorization Form.**
- 2 Mark a blank personal cheque "VOID"**
(Devxchange uses this specimen cheque for bank verification purposes. Please **do not** sign it!)
- 3 Mail all two items to Devxchange**
 - Your detached Authorization Form
 - Your bank cheque marked "Void"

If you change your Bank or account you may simply send us a new voided cheque.

Please complete this portion, detach and mail to
Devxchange International
PO Box 224, Barrie, ON L4M 4T2

Authorization Form

I hereby authorize Treasurer to draw and issue cheques monthly pledged contribution in the amount of \$ _____
Beginning _____ (Month)

Volunteer/Project	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

My name _____
My address _____
_____ Postal Code _____
My home phone () _____
My business phone () _____
My email (for correspondence) _____
My Bank (or Financial Institution) _____

Branch Address _____
_____ Postal Code _____
Account Number _____
Chequing account
Savings-Chequing account (Please check one)

Please sign below as you would on your regular cheques and provide two signatures, if this account requires them.

Signature 1 _____
Signature 2 _____

Today's date _____

_____ Office Use _____
Church Code: __5060105 __Acct#- 8 _____