



KOINONIA INCORPORATED

P. O. Box 815, Adelaide Street Post Office 117 Shoebottom Road
Toronto, Ontario M5C 2K1 Parry Sound, Ontario P2A 2X9
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Fax Line: (416) 651-5056
Website: www.campkoinonia.ca Email: info@campkoinonia.ca

I wish to support the ministry of **CAMP KOINONIA** with a pre-authorized withdrawal from my bank account directly to KOINONIA INCORPORATED on the 20th of each month.

PRE-AUTHORIZED DEBIT AGREEMENT

Name			
Address			
City, Province		Postal Code	
Telephone		Email:	
For Personal Use	() check	Or Business Use	() check

Banking Information (please send a VOIDED cheque)

Name of Bank			
Address			
City, Province		Postal Code	
Bank Number		Transit Number	
Account Number		Monthly Donation	

I/we authorize KOINONIA INCORPORATED and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for monthly recurring payments and/or one-time payments from time-to-time as a charitable donation to KOINONIA INCORPORATED. Regular monthly donations will be debited on the 20th day of each month. KOINONIA INCORPORATED will provide 10 days written notice of the amount of each regular debit. KOINONIA INCORPORATED will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until KOINONIA INCORPORATED has received written notification from me/us of its change or termination. This notification must be received at least 10 (ten) working days before the next debit is scheduled at the address above. I/we will obtain a sample cancellation form or my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca

KOINONIA INCORPORATED may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing 10 (ten) days written notice to me/us.

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 PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a reimbursement claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca

Authorized Signaturee	
Date	