



Multiply  
300-32040 Downes Road, Abbotsford, BC V4X 1X5  
or 4867 Townsend Avenue, Fresno CA 93727-5006  
www.multiply.net Fax: 604-900-2362

## Pre-Authorized Giving Plan - Authorization Form

### Personal Information (please print).

Name(s) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip/Postal code \_\_\_\_\_  
State/Province \_\_\_\_\_ Phone number \_\_\_\_\_  
Email: \_\_\_\_\_ Home Church: \_\_\_\_\_  
This donation is made on behalf of: \_\_\_\_\_ an Individual \_\_\_\_\_ a Business

### Account Information

Please Include a void cheque to provide your banking details. The donation amount will be automatically deducted from this bank account.

VOID CHECK

☐ Checking Acct.

☐ Savings Acct.

### Pre-Authorized Withdrawal Information.

I/We authorize Multiply to debit my/our account indicated above, in the amount of:

☐ \$\_\_\_\_\_ on the 1st business day of the month OR

☐ \$\_\_\_\_\_ on the first business day on or after the 15th of each month.

Date of first pre-authorized withdrawal: \_\_\_\_\_

I/We would like the Pre-Authorized withdrawal to be designated and used for:

	Description	Project Code	Amount
<input type="checkbox"/>	_____	_____	\$ _____
<input type="checkbox"/>	_____	_____	\$ _____
<input type="checkbox"/>	_____	_____	\$ _____

\* Each donation shall be the same as if I/we had personally issued a cheque authorizing the Bank to pay Multiply as indicated and to debit the amount specified from my/our account.

\* I/We understand this agreement can be canceled 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 Multiply 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 persons who are authorized to sign on the above account.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Complete this form and send (together with your check) to:

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**Thank you!**