



Niagara Falls Community Outreach

Donor's Pre-Authorized Debit Agreement

DONOR INFORMATION

| | |
|-----------------------------------------------|-----------|
| Donor's Name | |
| Address (street, city, province, postal code) | |
| Email Address | Phone No. |

BANK INFORMATION

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|--------------|
| Name of Bank |
|--------------|

Institution No.

Branch ID

Account No.

| | | | | | | | | | | | | | | | | | | | |
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I wish to make a monthly donation to **Niagara Falls Community Outreach** in the amount of:

\$ _____

Check one of the dates below:

Please debit my account on the 5th of every month. _____

Or

Please debit my account on the 25th of every month. _____

Please attach a voided cheque with this agreement and mail to the address below for processing.

Niagara Falls Community Outreach
c/o June Slee , Treasurer
6544 Jupiter Blvd.
Niagara Falls, ON L2J 3X7

I understand that I must give a month's notice in writing to discontinue this agreement.

X _____
Donor's signature Date