



Niagara Falls Community Outreach

Donor's Pre-Authorized Debit Agreement

DONOR INFORMATION

Name:	
Address:	
Email Address:	Phone #:

BANK INFORMATION

Name of Bank:
Address:

Bank #: (3 digits)
Branch ID: (5 digits)
Account #:

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

\$
Debit my Account on this date:

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

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

X _____
Signature Date

Niagara Falls Community Outreach, 4865 St. Lawrence Avenue, Niagara Falls, Ontario L2E 3Y1
Phone (905-354-1640) www.nfcommunityoutreach.org
Charitable Registration (#88374 3817 RR0001)