



Giving  
Hope  
Today

**Moncton Community & Family Services**  
32 King Street, Moncton, NB E1C 4M2  
Telephone 506-389-9901  
Email: MonctonCFS.Info@salvationarmy.ca

### **“Pre-Authorized Contribution/Donation” Service**

By signing and submitting this form, you verify that you are the person(s) required to sign on the provided account, and you authorize The Salvation Army to debit your bank account for the purpose of making a charitable contribution/donation, as outlined below.

#### **DONOR DETAILS:**

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Prov: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_

#### **DONATION DETAILS:**

Beneficiary – Ministry Unit Name: **Moncton** Ministry Unit RESPC#: **142401** Dept#: **3000**

**Donation Amount:** \$ \_\_\_\_\_ **Amount withdrawn:** ☐ Once per month on the 1<sup>st</sup> of each month  
☐ Once per month on the 15<sup>th</sup> of each month  
☐ Twice per month on the 1<sup>st</sup> and 15<sup>th</sup> of each month

The donation is designated for the following purpose(s) (total must equal donation amount above):

\$ _____ General Fund (Where Needed)	\$ _____ Summer Kids Program
\$ _____ Christmas Aid	\$ _____ Emergency Assistance
\$ _____ Send a Kid to Camp	(food, clothing, bus tickets, hygiene items)
\$ _____ Welcome Home	\$ _____ Other (specify) _____

You may cancel or modify this agreement at any time, provided you notify us in writing at least 30 days prior to the next scheduled withdrawal, by contacting us at Accounting\_Operations@can.salvationarmy.org

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Additional signature - required for joint accounts) (Please print)

**If this is a chequing account, please include a copy of a blank cheque marked “VOID”. If this is a non-chequing account, please include a copy of a pre-printed deposit slip for your account, or a copy of the top portion of your bank statement (showing only the bank number, transit and account numbers).**

#### **Statement of recourse:**

You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca). The Salvation Army will never transfer the right to debit your account to any other party.