



**Pre-Authorized Giving Form**

**I/we, hereby authorize Sanctuary Ministries of Toronto (“Sanctuary”) to direct debit my bank account.**

**This donation is made on behalf of (check that which applies): \_\_\_ an Individual \_\_\_ a Business**

Full Legal Name(s): \_\_\_\_\_ Full Legal Name(s): \_\_\_\_\_

Exact Name(s) in which Account is Held: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Your Financial Institution** \_\_\_\_\_

Branch Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Account No.: \_\_\_\_\_

Branch No.: \_\_\_\_\_ Institution No.: \_\_\_\_\_

This authorization may be cancelled at any time upon written notice to Sanctuary. Please notify us 30 days prior to cancellation date. For more information contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

I/we authorize Sanctuary to debit the above account in the amount of  
**\$\_\_\_\_\_ on the [\_\_] 1st OR [\_\_] 15th day of each month.**

Please indicate donation designation (if desired)

Staff Name: \_\_\_\_\_  Arts & Drama  Health Care  Drop-In Meals

Housing  Street Outreach  Where Most Needed

Signature of Account Holder(s) \_\_\_\_\_ Date \_\_\_\_\_

**For verification, please ATTACH a blank “VOID” cheque here.**

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 PAG Agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

For more information, contact Kathleen Smith at 416-922-0628 ext.225 OR email us at [kathleens@sanctuarytoronto.ca](mailto:kathleens@sanctuarytoronto.ca)

**Sanctuary Ministries of Toronto, 25 Charles Street East, Toronto, Ontario M4Y 1R9**