



Pre-Authorized Payment (PAP)

NOTE: This is a fillable PDF for your convenience.

Thank you for your support of the Baptist Haiti Mission of Canada.

I (We) hereby authorize Baptist Haiti Mission of Canada, hereinafter called BHM, to initiate debit entries and if necessary, credit entries for adjustments to any debit entries made in error to the account at the Financial Institution as listed below:

Fist Name: _____ **Last Name:** _____

Email: _____ **Phone No.:** _____

Address: _____ **City:** _____ **Prov.:** _____ **Postal Code:** _____

Financial Institution: _____

Address: _____ **City:** _____ **Prov.:** _____ **Postal Code:** _____

Bank No.: _____ **Transit No.:** _____

I (We) would like to give monthly to the following:

Child Sponsorship \$ _____

General Operations \$ _____

Kyrk & Deborah Baker Support \$ _____

Special Project: \$ _____

Other \$ _____

This recurring transaction is to begin on the 15th of (MM, YYYY): _____. This authority is to remain in full force and effect until BHM has received written notification from me (or either of us) of its termination in such time and in such manner as to afford BHM and Financial Institution a reasonable opportunity to act upon it.

Print Name(s): _____

TOTAL \$ _____ **Signature:** _____ **Date:** _____

If you have any requests or questions, please type then below.

Please remember to:

- Include a voided check
- Keep a copy of this form for your records
- Mail the signed original to: **Baptist Haiti Mission of Canada**
P.O. Box 11, 602 Wellington Street, Wallaceburg, ON N8A 4L5 Canada

If you wish to change your giving at any time in the future or financial institutions please contact: info@bhmcanada.ca or 519.627.4216.