



The Christian and Missionary Alliance in Canada  
7560 Airport Road, Unit 10 · Mississauga ON L4T 4H4  
Telephone: 416-674-7878 Fax: 416-674-0808

**Pre-Authorized Payment (PAP) Request**

Authorization Information:

I/We hereby authorize the bank or financial institution named below to debit my/our **Canadian dollar account** each month and provide the payments to The Christian and Missionary Alliance in Canada (C&MA). The monthly debit to my account is scheduled for **the fifth day of each month**. If the fifth day of the month falls on a weekend or holiday, the debit will occur on the first business day following the fifth of the month.

Option to Cancel or Change this Authorization at Any Time:

I/We may cancel this authorization at any time, by providing written notice to the C&MA. I/We will provide **ten days notice** to the C&MA of the details of any changes in the pre-authorized bank account below (in the event of a change in bank accounts, etc.).

Authorization for the C&MA's Bank (Royal Bank of Canada):

Receipt of this authorization by the C&MA constitutes delivery by me to the bank or financial institution named below. I/We affirm that all persons whose signatures are required to authorize withdrawals from the account below have signed this authorization. I/We agree that the information contained in this authorization may be disclosed to the Royal Bank of Canada as required to complete any pre-authorized debit transaction.

My Name \_\_\_\_\_ My Email Address \_\_\_\_\_

My Street Address \_\_\_\_\_

Phone# (\_\_\_\_) \_\_\_\_\_

Bank Account No. \_\_\_\_\_ Bank or Financial Institution# \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

Amount of Monthly Pre-Authorized Payment \$

Funds to be used for: \_\_\_\_\_ **Global Advance Fund** (for Alliance missionaries)

Other (please specify)

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Second Authorized Signature (if needed)**

Date \_\_\_\_\_

Please attach a voided blank cheque here