



# Youth With A Mission (BC) Society

Donor Services  
Box 57100, 2480 E. Hastings Street  
Vancouver BC V5K 5G6 CANADA  
Phone: (604) 436-4433 Fax: (604) 436-4466  
Email: donorservices@shaw.ca

## PRE-AUTHORIZED PAYMENT AGREEMENT CREDIT VANCITY

I/We \_\_\_\_\_

Authorize **Vancouver City Savings Credit Union ("VanCity")** to debit my/our

account at \_\_\_\_\_

for the amount of \_\_\_\_\_ /100 Dollars \$

I prefer my withdrawal to be on the  1<sup>st</sup>  
 15<sup>th</sup> day of every month

And to credit the account of **Youth With A Mission (BC) Society**.

This authorization is for the period \_\_\_\_\_ to \_\_\_\_\_ or until further notice   
(month/year) (month/year) (mark this box if you choose this option)

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

**You will receive an annual receipt**

### OFFICE USE ONLY

- Set up: \_\_\_\_\_  
 Amend: \_\_\_\_\_  
 Cancel: \_\_\_\_\_

**TAPE VOIDED CHEQUE HERE (DO NOT STAPLE)**