



Pre-authorized Debit (PAD) Agreement

1. DONOR INFORMATION

Address: _____
City: _____ Province: _____ Postal Code: _____
Phone number: _____ E-mail address: _____

2. BANK ACCOUNT INFORMATION

Please attach either a VOID cheque to the back of this sheet, OR fill in the information below:

Financial Institution (FI) name: _____
Financial Institution branch address: _____
FI number _____ FI transit number: _____ Account number: _____

3. DONATION DETAILS

I would like to support DESERT STREAMS HEALING MINISTRIES (DSHM) beginning _____ (mm/dd/yyyy).

I authorize DSHM to debit my bank account every month, until I otherwise notify DSHM:

for the following amount: \$25 \$50 \$75 \$100 Other amount (please specify): \$ _____

at this time of the month: the 1st day of the month the 15th day of the month

These donations are made on behalf of: an individual a business **To designate gifts to a DS fund, see over...**

Signature of account holder

Signature of joint account holder (if applicable)

Name (please print)

Name (please print)

Date (month/day/year)

Date (month/day/year)

4. DONOR RIGHTS

You, as the donor, may cancel or change your authorization at any time, subject to providing at least 7 days notice to DSHM.

You may obtain a Cancellation/Change form from DSHM. You may also see a sample cancellation form, and obtain other information about PAD agreements, through contacting your financial institution or visiting www.cdnpay.ca.

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, you may contact your financial institution or visit www.cdnpay.ca.

5. FINAL STEPS

When this form has been completed, please send it (by mail or e-mail) to:

Desert Streams Healing Ministries

Mail: #4 9829 44 Ave NW, Edmonton, AB, T6E 5E3 (Canada)
E-mail: admin@desertstreams.ca
Phone: 780 433 0074

Thank you so much for your gifts. They enable us to *“Help people come to Life”!*



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3. DONATION DETAILS continued

Please indicate your preferred support area:

General ministry fund

Staff salary fund (Please provide details _____)

Project fund (Please provide details _____)

Please note: While Desert Streams seeks to honour the expressed preference of each gift, your gift is a gift to the ministry of Desert Streams. As such, Desert Streams must retain the discretion to use your gift as it believes will best advance its charitable purposes. If your preference changes, please inform Desert Streams.

Desert Streams is a Canadian registered charity (BN: 832389878RR0001).

Official receipts for tax purposes will be issued for donations received.