



**PRE-AUTHORIZED GIVING PLAN** Simplify your monthly giving by authorizing automatic monthly deduction of gifts from your bank account. You maintain control by making changes or cancellations when necessary. Send your completed form to the address below.

## Enrollment Form

I give my bank permission to transfer the following amount from my account as a donation to World Team each month (allow at least two weeks for your initial gift to be processed).

Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Beginning \_\_\_\_\_ (month/year), I authorize World Team to debit my account on the \_\_\_\_\_ 3rd or the \_\_\_\_\_ 18th of each month, in the amount of \$\_\_\_\_\_.

Institution No. \_\_\_\_\_ Account No. \_\_\_\_\_

Please use my contribution(s) for the following World Team missionaries or projects:

A. \_\_\_\_\_ \$\_\_\_\_\_/mo

B. \_\_\_\_\_ \$\_\_\_\_\_/mo

C. \_\_\_\_\_ \$\_\_\_\_\_/mo

My total monthly deduction: \$\_\_\_\_\_

**I have enclosed a voided cheque from the account that should be debited.** I understand and agree with the information below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I authorize World Team to transfer the total amount indicated on the 3rd or 18th of each month as designated, beginning in the month designated, and in effect until I notify World Team in writing. World Team will provide a receipt for the funds deducted on an annual basis.

**Please return your completed authorization form to:**

World Team  
7575 Danbro Crescent  
Mississauga, ON L5N 6P9

**Questions? Contact us at:**

1-800-610-9788 or [wt-canada@worldteam.org](mailto:wt-canada@worldteam.org)

World Team adheres to the highest standards of Christian ethics in financial accounting and reporting. We are a participating member of CrossGlobal Link and the Canadian Council of Christian Charities.