

Please complete the form below if you wish to access the Pre-Authorized Donation Plan options available and return the form to the Community Support Connections Office. *Pre-authorized donation transactions will commence on the second of the month following receipt of this directive.*

Full Name(s): _____
(Please include names of both names if this a couple)

Address: _____
Street & Number

_____ *City* _____ *Postal Code*

Telephone: _____

Email: _____

Monthly Pledge: _____

Every month, Community Support Connections releases an e-newsletter that features exciting events and opportunities.

I would love to receive the e-newsletter!

Please check one:

Pre-Authorized Debit (Automatic Withdrawal)

You must enclose a "VOID" cheque or obtain a pre-authorized payment form completed by your bank. *If you have a joint bank account, all signatures are required on the next page.*

OR

Pre-Authorized Credit Card Payments

Credit Card: VISA MasterCard

VISA Debit MasterCard Debit

Credit Card Number: _____

Expiry Date: _____
Month / Year

Name on credit card: _____

Telephone: _____

**TURN PAGE
OVER**

You must also complete & sign the Authorization Form on the back of this page.

Office Use Only	Month effective:
Bank ID # (EFT):	Netsuite Entry Date:
Revised: October 14, 2020	Processed by:

This direction authorizes Community Support Connections to process pre-authorized monthly donations as indicated on the front of this form.

I agree to pay the full amount to Community Support Connections as stated on the first page of this form.

I (we) acknowledge that I (we) have read, understood and accepted all the provisions contained in the Terms and Conditions of the Pre-Authorized Payment Authorization and that I (we) have received a copy.

Signature(s): _____

(If this is a joint account both signatures are required)

Date: _____

Return this page to: Community Support Connections
PO Box 29
Breslau, ON
N0B 1M0

