



5 Sophia Street East
Barrie, ON
L4M 1Y1
(705) 739-7280

Pre-Authorized Donation Authorization (Personal)

Payor Name: _____

Address: _____

Phone #:

I (we) want to support Barrie Pregnancy Resource Centre through regular donations. So, please debit my account (attach VOID cheque) in the fixed amount of:

\$ _____

Please process this debit on (circle option): 15th of the month **and / or** 30th of the month

of each month beginning _____

I (we) may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a cancellation form, or for more information on my right to cancel this agreement, I may contact Barrie Pregnancy Resource Centre at: 5 Sophia Street East, Barrie, ON L4M 1Y1 (705) 739-7280.

I (we) acknowledge that I (we) have read, understood and accepted the above provisions and conditions of the Pre-Authorized Donation Authorization.

Date: _____

Signature of Payor: _____