



Pre-Authorized Monthly Donation Debit Authorization Form

**** please attach a void cheque**

TO: Townsend Smith Foundation 420 Main Street East, Suite 489, Milton ON. L9T 5G3 Tel: 289-878-3407 admin@townsend-smith.ca		
DONOR NAME: (as per tax receipt)		
ADDRESS:		
CITY:	PROVINCE:	POSTAL CODE:
EMAIL ADDRESS FOR RECEIPT DELIVERY:		
FIXED MONTHLY DONATION AMOUNT:		
NAME OF FINANCIAL INSTITUTION:		
BRANCH ADDRESS:		
CITY:	PROVINCE:	
BANK INSTITUTION NUMBER:		TRANSIT NUMBER:
ACCOUNT NUMBER:		

I (the above-named Donor) authorizes Townsend Smith Foundation to debit my/our account indicated above, for a fixed amount specified above, on or about the 15th day of each month, for CONTINUAL months, until notifying admin@townsend-smith.ca to discontinue payments. Each donation shall be the same as if I had personally issued a cheque authorizing the bank to pay the Townsend Smith Foundation as indicated and to debit amounts specified to my/our account.

I understand that the Bank is not responsible to verify whether the payments are properly debited to my account.

This authorization may be cancelled at any time upon written notice to Townsend Smith Foundation. Any delivery of this authorization to the Foundation constitutes delivery to the Bank.

I am the signing authority on the above account.

DATE **Donor SIGNATURE**

DATE **Co-Signature (if joint account)**

All pre-authorized donations are processed on or about the 15th day of each month.

Office use only: Date Received _____