

Pre-Authorized Donation Agreement Hope of Bastion Child Sponsorship



(Please print your information below)

Name: _____

Address: _____

Telephone: _____ Email: _____

Bank or Financial Institution: _____

Account No.: _____

*(Your account must have chequing privileges in order to use this plan)

There are two options for sponsoring one of our students at the Hope of Bastion School;

Option #1: Complete sponsorship \$62 per month

Option #2: Half sponsorship costs \$31 per month

Please choose either Option #1 or Option #2

Sponsorship Total: \$_____

I/We authorize MSC Canada to process a debit in the total amount of \$_____ on my/our account on the 10th day of each month beginning on the date of 10/_____/_____ (mm/yyyy).

I/We have read and understood all the provisions contained in the terms and conditions of the pre-authorized donation agreement below.

Signature

Date

Signature (if more than 1 is required)

Date

Please fill out and send this completed form, with an unsigned cheque marked VOID, to MSC Canada at:

MSC Canada
101 Amber Street, Unit 16
Markham, ON
L3R 3B2 - Canada

Thank you for your interest in sponsoring one of our students at Hope of Bastion School in Guayaquil, Ecuador!

Pre-Authorized Donation Agreement Terms and Conditions



(Keep a copy for your records)

- I authorize MSC Canada to debit my account as indicated on the attached VOID cheque.
- I agree to the terms and conditions with MSC Canada until such time as written notice to the contrary is given.
- I acknowledge that delivery of my authorization to MSC Canada constitutes delivery by me to the branch of the financial institution at which I maintain an account. My financial institution is not required to verify that the payment(s) are drawn in accordance with this authorization.
 - Each payment shall be the same as if I had personally issued a cheque authorizing the bank to pay MSC Canada as indicated and to debit the amount specified to my account.
- I will notify MSC Canada in writing of any changes in the account information or termination of this authorization prior to the next due date of the preauthorized debit.
 - Debits processed under any of the following conditions will be reimbursed subject to written notification by me to the branch of account within 90 days:
 - The pre-authorized debit was not drawn in accordance with my authorization;
 - My authorization was revoked.
- I warrant that all persons whose signatures are required to sign on this account have signed this agreement