



SAVE A FAMILY PLAN

Pre-Authorized Payment Plan Authorization Form (Canadian and American supporters)

*Please complete this form and return it along with a void cheque/check.
If you are a first time donor with Save a Family Plan and you would like to adopt family(ies), kindly enclose an additional cheque/check of \$60.00 per family. This is required to cover three months of family assistance. Beginning in the fourth month, your auto debit will commence.*

Your SAVE A

FAMILY PLAN (SAFP) Number is _____

(OFFICE USE ONLY)

Personal Information:

First Name _____ Last Name _____
Address _____ City _____
Postal Code _____ Telephone _____
E-Mail _____

Donation Information:

- My donation is \$ _____ monthly
- The transaction date for this amount is the 15th of every month, beginning on _____
- This amount is to be divided as follows:

Family Support (\$20.00 per family per month)	\$ _____	per month
Extra Family Gift	\$ _____	per month
Community Development Program	\$ _____	per month
Disaster Management & Rehabilitation	\$ _____	per month
- In addition to my regular payment, please deduct an additional Christmas and Easter gift as follows:

Annual Easter Gift	\$ _____	to be debited on February 15th of each year
Annual Christmas Gift	\$ _____	to be debited on October 15th of each year

Account/Bank Information:

Financial Institution Name _____
Institution No _____ Branch No _____ Account No _____

Automatic Debit Authorization:

I (we) hereby authorize SAFPF to initiate debit entries from my (our) bank account. Attached is a void cheque/check for the account that I (we) wish to have debited at the stated intervals in the amount(s) indicated above. You (or Save A Family plan) have certain recourse rights if any debit does not comply with this agreement. For example, you (or Save a Family Plan) have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Pre Authorized Debit Agreement. To obtain more information on your recourse rights contact your financial institution or visit www.cdnpay.ca. I understand that I can change this authorization by contacting SAFPF at least 10 days prior to the 15th of the month.

Contact Numbers ... Telephone: (519) 672 -1115 or E-mail: safpinfo@safp.org

Signature _____ Date _____

PLEASE NOTE: SAFPF is complying with the Federal Government of Canada's Personal Information Protection and Electronic Documents Act (PIPEDA) to ensure the confidentiality of our donors' personal information.

Charitable Registration Numbers: Canada BN 11914 1943 RR0001 USA 98-600-4051

Please share with us your questions, concerns or comments:



SAVE A FAMILY PLAN

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