



*Contributor Application for
Pre-authorized Debit Program for
University Campus Ministries – Calgary**

This is the preferred way to receive your monthly donations. The monthly automatic debit is simple, convenient and cost-effective. You will receive a charitable tax receipt from UCM* by the end of February for your previous year's donations. Thank you.

Please fill in the reverse side and include a voided cheque. You can send to our campus office:

University Campus Ministries
c/o Faith and Spirituality Centre
487 MacEwan Student Centre
2500 University Drive NW Calgary AB T2N 1N4

or email to donateucmcalgary@gmail.com.

Questions?
Email: Kelly.Johnson@ucalgary.ca
Phone: 403-220-3900 or Cell: 403-703-3125
<https://www.ucmcalgary.org/>

**Pentecostal Campus Ministries – University of Calgary is our legal name*

Charity Registration Number: 87210 6471 RR 0001

Canada Revenue Agency www.cra.gc.ca/charities

University Campus Ministries – Calgary*
c/o Faith and Spirituality Centre
487 MacEwan Student Centre
2500 University Drive NW Calgary AB T2N 1N4



I/We authorize UCM to set up pre-authorized debits (PAD) on a monthly basis from my/our account and treat this as Personal

Donor Name: _____

Address: _____

City: _____ Province: _____ Postal Code _____

Phone: _____ Email: _____

Please debit \$ _____ from my bank account on the 5th or 20th of each month or the following business day. Please circle one.

I would like to support _____ (you may choose a campus minister to help fund their mission or a specific campus for programming: U of C, MRU or SAIT).

If a campus minister is fully supported, or moves on, the understanding is that the funds will go to where most needed under the direction of the UCM Board.

If all banking information is current on void cheque, you can leave below blank.

Bank Name: _____

Bank Branch Address: _____

Account Number: _____ Transit Number: _____

Void cheque attached:

I/We may revoke the Authorization at any time upon providing written notice to UCM at least 20 days prior to the next due date of the PAD. I/We have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights or cancellation, I may contact my financial institution or visit www.cdnpay.ca.

Signature: _____ Date: _____