Rising Above Abuse Counselling Agency

PRE-AUTHORIZED DEBIT AGREEMENT

Account Holder:

_____	_____
Exact Name in which Account is Held	Address

_____	_____	_____	_____
City	Province	Postal Code	Telephone Number

I authorize RISING ABOVE to draw $ _____ from my bank account on the 15th day of each month beginning in the month of _____, in the year 20_____. Please apply my gift as follows:

$_____ **General Fund**

$_____ **Rising Above Band**

$_____ **Parry Sound Ministry -** under the direction of Johan Strydom (includes salary/ministry expenses)

$_____ **Niverville Operations -** under the direction of Terry & Brenda Martin (includes salary/ministry expenses)

$_____ **Smithers Ministry -** under the direction of Indigenous staff member Daren George (ministry expenses)

$_____ **Regina Discipleship -** under the direction of Nick and Vivian Helliwell (includes salary/ministry expenses)

$_____ **Ottawa Executive Leadership** – under the direction of Ben Lim (includes salary/ministry expenses)

$_____ **Crystal City Office** – administrative ministry of Nicole Banman (includes salary)

_____	_____
Signature of Account Holder	**Signature of Account Holder***
*Both signatures are required for joint accounts.	Donations are made by: ❑ Business ❑ Individual

◯ I will commit to praying for Rising Above. Please send me your monthly prayer bulletin *PrayerLines*.

◯ Please send me your semi-annual newsletter *Soaring Eagle Tepachimowin*.

◯ Please use my email address: _____

You may unsubscribe to our mailing lists at any time by contacting our office.

PAP donations will be acknowledged with a single year-end tax receipt for total giving in that year. You may change or cancel your PAD contributions at any time by notifying our office. Notifications received after the 5th of the month will be effective the following month.

Spending of funds is confined to board approved programs and projects. Each restricted contribution designated towards a board approved program or project will be used as designated, with the understanding that when the need for such a program or project has been met, or cannot be completed for any reason determined by the board, the remaining restricted contributions designated for such program or project will be used where needed most.

To obtain a sample cancellation form, or further information on your right to cancel a PAD Agreement contact your financial institution or visit www.payments.ca. Rising Above may also cancel this PAD agreement on no less than 10 days' notice to you. You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights, contact your financial institution or visit www.payments.ca."

For verification, please attach a blank cheque marked "VOID" if available.

VOID

Or fill in the following:

Transit Branch # (5 digit): ___ ___ ___ ___ ___ Institution # (3 digit): ___ ___ ___

Account # _____

Mail this form to: RISING ABOVE Box 930 Niverville, MB R0A 1E0
Ph. 204-388-5408 info@risingabove.ca www.risingabove.ca