

PRE-AUTHORIZED DONATION DEBIT - DIRECT TRANSFER SERVICE

Name: _____

Address: _____ City: _____ Postal Code: _____

Phone: _____ Email: _____

Authorization To Transfer Funds

I hereby authorize L'Arche Winnipeg Inc. (via Casera Credit Union) to withdraw from my (our) account with the following institution:

Name & Address of Financial Institution: _____

Please submit voided cheque (if available), or fill in the following Transit, Institution, and Account numbers:

Transit # (5 digit): _____ Institution # (3 digit): _____ Account # _____

Monthly payment amount: \$ _____ Start Date: 1st of _____ (month), _____ (year)

(Monthly debit is on the 1st of each month) End Date: 1st of _____ (month), _____ (year)

I understand and agree that I will be responsible for any costs, which may be incurred to cancel, recall, or stop payment in this Direct Transfer. As well, any charges that may result from not stopping this transfer will be at my expense. This authorization may be cancelled at any time upon receipt of written notice to L'Arche Winnipeg, sent to the address below.

Date: _____ **Signature:** _____

Tax deductible receipt issued at the end of the calendar year. Charitable Tax Registration No. 107597692 RR0001



L'Arche Winnipeg, Inc.
118 Regent Avenue East
Winnipeg, Manitoba R2C 0C1

Ph.: 204-237-0300 Fax: 204-237-0316
Email: office@larchewinnipeg.org

Building caring communities together ...
www.larchewinnipeg.org