

PRE-AUTHORIZED DEBIT AGREEMENT

I hereby authorize Prison Christian Ministries Inc. to debit my account indicated below in the amount of \$ _____ on the _____ day of each month, starting the month of _____, 20 _____, which is payable to Prison Christian Ministries Inc. as a monthly donation for _____

(Project name or specify "General Ministry")

Name:

Address:

Email:

Phone: _____

Your banking Information:

Your Bank Account Name:

Your Bank's Institution #: (3 digits) _____

Your Bank's Transit #: (5 digits) _____

Your Bank Account #: _____

Signature: X _____

(For Joint Accounts both signatories must sign)

(PLEASE SEND A VOIDED CHEQUE WITH YOUR AUTHORIZATION)

PRISON CHRISTIAN MINISTRIES INC. 176 MAIN STREET, FREDERICTON, NB E3A 2C8

Rev. Brent Bishop (506) 461-7528

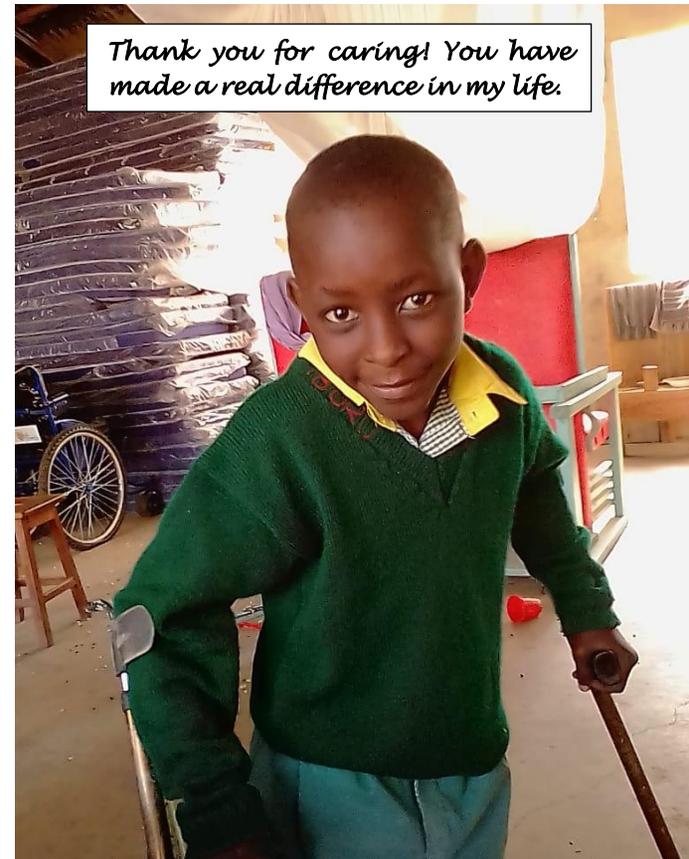
Richard Shupe (506) 444-1466

brent@prisonchristianministries.com richard@prisonchristianministries.com

www.prisonchristianministries.com

You, the Payor, may revoke your authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

Thank you for being a vital part of this ministry!



If you would please help educate and support a child who has been abandoned or whose parent(s) have been imprisoned in Kenya and have been left to fend for themselves, you will save a life. Please pray about this, then follow your heart. You can arrange for a monthly donation to be automatically transferred from your bank account or by credit card by completing and signing either the Pre-authorization Agreement or the Credit Card Authorization form and mailing it in the return envelope we have provided.



Prison Christian Ministries



Prison Christian Ministries

CREDIT CARD PAYMENT AUTHORIZATION

I hereby authorize Prison Christian Ministries Inc. to process a recurring monthly Payment using the credit card indicated below in the amount of \$ _____ on the _____ day of each month, starting the month of _____, 20 ____, which is payable to Prison Christian Ministries Inc. and continuing each month until cancelled by notification to Prison Christian Ministries. The donation is designated for _____.
(Project name or General)

Name on Card: _____

Complete Mailing Address: _____

Email: _____

Phone: _____

Your Credit Card Information:
Type of Credit Card: _____

Credit Card # _____

Expiry date: ____/____
Mo. Yr.

CCV: (# on Back of Card or on Front <Amex>): _____

Signature: X _____

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