

**Pre-Authorized Payment Plan Authorization Form (Canadian supporters only)**

Please complete this form and return it along with a void cheque

**Your Bernice James Foundation (TBJF) 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 (\$15.00/family per month) \$ \_\_\_\_\_ per month

Extra Family Gift \$ \_\_\_\_\_ 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 TBJF to initiate debit entries from my (our) bank account. Attached is a void cheque for the account that I (we) wish to have debited at the stated intervals in the amount(s) indicated above. I understand that I can change this authorization by contacting TBJF at least 10 days prior to the 15th of the month.

**Contact Numbers ... Telephone:** 604.780.1415 or **E-mail:** [info@TheBJF.org](mailto:info@TheBJF.org)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE:** TBJF 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.