Pre-Authorized Payment Authorization Form

Halton Women's Place		
Name(s)		
Address		
City	Province	Postal Code
Telephone No.		
Name of Financial Institution		
Branch Address		
City	Province	
Bank Number	Transit Number	
Account Number		
Please attach a VOID cheque.		
I/we (the above named) authorize Halton Women's Place to debit my/our account indicated above, in		
the amount of \$	on the	day
of each month, for months, for payments		
to Halton Women's Place in respect of:		
Each payment shall be the same as if I / we had personally issued a cheque authorizing the Bank to pay Halton Women's Place as indicated and to debit the amount specified to my / our accounts.		
I / we will notify Halton Women's Place promptly in writing if I / we move the account from one bank or branch to another, or if there is any other change in the account.		
I/we understand that the Bank is not responsible to verify whether these payments are properly debited to my/our account.		
This authorization may be cancelled at any time upon written notice by me / us to Halton Women's Place.		
Any delivery of this authorization to Halton Women's Place constitutes delivery by me / us to the Bank.		
I / we am / are all the persons who are required to sign on the above account.		
Date Signature		



Halton Women's Place

Healthy Relationships • Healthy Communities 2211 Brant Street, #20060, Burlington, ON L7P 0A4

Yes, I would love to help stop violence against women!

You can donate online at www.haltonwomensplace.com An official e-tax receipt will be emailed directly to you.
Enclosed please find my donation for:
\$25 \$50 \$75 \$100
☐ \$200 ☐ Other \$
Payment: (check one) ☐ Cheque/Money Order ☐ American Express ☐ MasterCard ☐ VISA
Card No Ex
Signature
Phone No
Kindly mail my tax receipt to:
Name
Company
Address
:
Email
Would you like to be a part of our email list? Please provide us with your email address!





Registered Charitable No. 10746 2558 RR0001

We do not solicit door-to-door nor sell/trade our mailing list.