



## Application Child / Missionary Sponsorship

Please fill the blank spaces and check the box that corresponds:

Please attach a void cheque

Name:		Date (dd/mm/yy):			
Street:					
City:			Province/State:		
Postal Code:			Country:		
Phone: (      )			E-mail:		
<input type="checkbox"/> Child's name preference:				Child's number:	
<input type="checkbox"/> Child's name preference:				Child's number:	
Monthly payment:	\$40.00 <input type="checkbox"/>	\$80.00 <input type="checkbox"/>	\$120.00 <input type="checkbox"/>	\$160.00 <input type="checkbox"/>	
<input type="checkbox"/> Missionary name:				Amount: \$	
<b>Donation Method</b>					
<input type="checkbox"/> Pre-authorization Type			Personal <input type="checkbox"/>		
<input type="checkbox"/> Post dated cheques (Please send the cheques)			Monthly <input type="checkbox"/>	Annually <input type="checkbox"/>	
<input type="checkbox"/> Credit Card	Visa <input type="checkbox"/>	Master Card <input type="checkbox"/>	Credit Card No.		Exp. date:

**Terms and Conditions:**

- I will notify Children of Hope, in writing, of any changes in the account information or termination of this authorization prior to the next due date of the pre-authorized debit items changed under any of the following conditions will be reimbursed subject to written notification by me to the branch of account within 30 days:
  - a) I never provided authorization to Children of Hope.
  - b) The pre-authorized debit was not drawn in accordance with my authorization.
  - c) My authorization was revoked.
  - d) The debit was posted to the wrong account due to invalid / incorrect account information supplied by Children of Hope.
- I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Pre-authorized Debit Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

Credit Card and Pre-authorization

I authorize Children of Hope to process a debit, in paper, electronic or process my credit card in the amount of \$ \_\_\_\_\_ on the 1<sup>st</sup>  or 16<sup>th</sup>  of each month beginning \_\_\_\_\_ (dd/mm/yy), or the next business day.

Signed \_\_\_\_\_