



# CAM INTERNATIONAL OF CANADA

## PRE-AUTHORIZED GIVING

P. O. Box 71034  
Maplehurst Postal Outlet  
Burlington, ON L7T 4J8  
905-689-2473  
[www.camcanada.org](http://www.camcanada.org)  
[donate@camcanada.org](mailto:donate@camcanada.org)  
[info@camcanada.org](mailto:info@camcanada.org)

### Terms and Conditions

1. *This authorization may be cancelled at any time upon notice by me/us. I/We acknowledge that, in order to revoke this authorization, I/We must provide notice of revocation to CAM International of Canada.*
2. *"I/We acknowledge that provision and delivery of this authorization to CAM International of Canada constitutes delivery by that bank/financial institution. Any delivery of this authorization to you constitutes delivery by me/us."*
3. *"I/We acknowledge that this Authorization is provided for the benefit of CAM International of Canada and any such bank/financial institution is provided in consideration of bank/financial institution agreeing to process debits against my account in accordance with the Rules of the Canadian Payments Association".*
4. *CAM International of Canada will provide, for fixed amount PAGs, written notice of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days before the due date of the first PAG, and such notice shall be received every time there is a change in the amount or payment date(s); or, with respect to variable amount PAGs, written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days before the due date of every PAG.*
5. *"I/We undertake to inform CAM International of Canada, in writing, of any change in the account information provided in this authorization prior to the next due date of the PAG".*
6. *"I/We acknowledge that bank/financial institution is not required to verify that a PAG has been issued in accordance with the particulars of my/our authorization including, but not limited to, the amount.*
7. *"I/We acknowledge that bank/financial institution is not required to verify that any purpose of payment for which the PAG is issued has been fulfilled by CAM International of Canada as a condition to honouring a PAG issued or caused to be issued by CAM International of Canada on my/our account".*

8. *Revocation of this authorization does not terminate any contract for goods or services that exists between me/us and CAM International of Canada. My/our authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged".*
9. *"A PAG may be disputed by me/us under the following conditions:  
(i) the PAG was not drawn in accordance with my/our Authorization; or  
(ii) the authorization was revoked; or  
(iii) pre-notification was not received.*

*I/We, in order to be reimbursed, acknowledge that a declaration must be completed and presented to the bank/financial institution holding my/our account up to and including 90 calendar days in the case of a personal household PAG (or up to and including ten (10) business days in the case of a business PAG), after the date on which the PAG in dispute was posted to my/our account.*

*I/We acknowledge that a claim on the basis that my/our authorization was revoked, or any other reason, is a matter to be resolved solely between CAM International of Canada and me/us when disputing any PAG after [90 calendar days in the case of a personal/household PAG or 10 business days in the case of a business PAG]".*

### CAM INTERNATIONAL OF CANADA

**Pre-Authorized Giving Form** enrollment request (for current donors) from your CAM International of Canada receipt.

Donor Name \_\_\_\_\_

Donor Number \_\_\_\_\_



Supporters of CAM International of Canada make an eternal and invaluable investment in the lives of Spanish-speakers worldwide by shaping and strengthening the efforts of our ministry partners in Canada and around the world.

As a united body of followers of Christ, we strive to see the gospel impact the lives of Spanish-speakers that they may become fully-committed partners in the gospel and in reaching the nations. The Great Commission can only be accomplished with Christ-like believers working together in community toward a common vision.

Among other things, your funds allow CAM International of Canada to provide the following for your missionaries:

- Godly leadership that unites the organization with a common vision
- Mobilization of new missionaries
- Orientation for newly appointed missionaries
- Professional counselling and spiritual formation for missionaries
- Communication support for missionaries and the organization
- Leadership formation and training for team leaders on the field
- Accounting and financial administration of missionary support

**Stewardship Policy:**

The spending of funds is confined to agency-approved programs (including missionaries). Each gift designated towards an approved program will be used for that program with the understanding that, when any given need has been met, designated gifts will be used where needed most. Gifts are acknowledged and, where appropriate, an official receipt for income tax purposes is issued.

CAM International of Canada is audited annually by an independent accounting firm. CAM International of Canada is an affiliate member of the Canadian Council of Christian Charities ([www.cccc.org](http://www.cccc.org)) and a member of CrossGlobal Link ([www.crossglobalink.org](http://www.crossglobalink.org)).

**PRE-AUTHORIZED GIVING ENROLLMENT REQUEST**

Pre-authorized monthly giving is convenient for you and helps CAM International of Canada reduce time and costs.

**Personal Information: (please print clearly)**

NAME

ADDRESS

CITY

PROVINCE/POSTAL CODE

DAYTIME PHONE

E-MAIL

**Be sure to include a cheque marked VOID or send your first gift by cheque.**

I/We hereby authorize CAM International of Canada and the financial institution indicated to release funds for monthly donations in the amount of \$\_\_\_\_\_ on the 3<sup>rd</sup> or 18<sup>th</sup> of each month (check appropriate box) under the terms and conditions of this request for the support of:

MISSIONARY/PROJECT	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____

Charitable Registration No: 89421 2067 RR0001

**Please provide the following bank details:**

Account Type:  Chequing  Savings

NAME and BRANCH of FINANCIAL INSTITUTION

BRANCH ADDRESS

BRANCH TRANSIT NUMBER

ACCOUNT NUMBER

I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

DATE

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

**Terms of Agreement:**

My authorization to charge my bank account in the amount indicated shall be the same as if I had personally signed a cheque to CAM International of Canada. This authorization shall remain in effect until I notify CAM International of Canada that I wish to end this agreement. I may do this at any time. A record of my donation will be included in my regular bank statement. CAM International of Canada will send me a receipt for income tax purposes.

If you have questions, please contact us:  
[donate@camcanada.org](mailto:donate@camcanada.org)  
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