



Pre-Authorized Support Plan (PSP)

This is a new pre-authorized giving account, **OR...**
I am changing my: bank/credit card present giving amount my address

Donor Information

Name: _____ Circle: Mr Miss Mrs Ms

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Tel (Home): _____

Tel (Work): _____

Email: _____

Spouse's Name (Optional): _____

Home Church (Optional): _____

Designation of Funds and Amount:

_____	_____
_____	_____
_____	_____
_____	_____
Total Giving Per Month:	_____

Donor Authorization for Automatic Withdrawal

I authorize International Teams Canada to transfer the money indicated on this form each month from my:
 VISA MasterCard Bank Account (Attach a voided blank cheque for this account)

These transactions should happen on or soon after the 1st of each month, beginning:
_____ (month) of _____ (year).

Signature as required on cheque or credit card: _____

Second Signature (if required): _____ Today's date: _____

Credit Card Information

Name as it appears on card: _____

Card Number: _____ Expiry Date: _____

Return completed form to: International Teams, Attn: Donor Services, 1 Union St. Elmira, ON N3B 3J9