



www.canadianyouth.net

AUTO WITHDRAWAL REGISTRATION FORM

YES! I would like to partner with Canadian Youth Network in supporting youth work in Canada!

I authorize Canadian Youth Network to withdraw funds monthly in the amount of _____ on the 1st or 15th of each month starting (MM/YY) ____/____ by the following method...

- Electronic Fund Transfer
(complete the following or mail a sample cheque marked **void** and sign below)

Bank Name: _____ Address: _____

Account #: _____ Branch #: _____ Institution #: _____

Name(s) of Account Holder(s): _____

- Credit Card

Mastercard Visa Expiry: (MM/YY) ____ / ____

Card #: _____

NOTE: I understand this authorization may be cancelled at any time upon written notice by me. One month is required to process any change.

Contact Information

Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____ Email: _____

Signature: _____

(all donations must be signed)

THANK YOU FOR SUPPORTING THE CANADIAN YOUTH NETWORK

Mail to:

Canadian Youth Network

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