



Please mail completed form to:  
3552 Pinegrove Road,  
Utopia, ON  
L0M 1T2

## Direct Debit Form

Name
Address
Phone Number

### Bank Information

Bank Name and Account Number
Amount of Monthly Gift <input type="checkbox"/> Haiti <input type="checkbox"/> South Africa
Would you like your gift to be debited from your account on the 1 <sup>st</sup> of each month or the 15 <sup>th</sup> of each month?

**Please Attach Your Voided Check Here**

### Authorization

I hereby authorize Emmanuel's Wish Foundation and the financial institution above to automatically withdraw my monthly gift from the specified account above. This authority will remain in effect until I give written notice to cancel it.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date