



**NOW ACCEPTING MONTHLY DONATIONS BY DIRECT DEBIT OR CREDIT CARD**

PRTS needs to build their monthly base of support. The seminary's CPA and accrediting agency recommends that PRTS focus on obtaining regular monthly donations.

Will you help us achieve our goal?

I (we) hereby authorize Puritan Reformed Theological Seminary to initiate a monthly charge entry to my credit card or debit my bank account. Transactions will take place on either the 5<sup>th</sup> or 20<sup>th</sup> of each month (or the next business day if either the 5<sup>th</sup> or 20<sup>th</sup> falls on a weekend). This authority will remain in effect until Puritan Reformed Theological Seminary is notified by me in writing to cancel it in such time as to afford Puritan Reformed Theological Seminary a reasonable opportunity to act on it.

Please complete the information below:

- Operating Fund       Scholarship Fund       PRTS Foundation  
 Puritan Resource Center       PhD Program

OPTION 1) I / we \_\_\_\_\_ authorize Burgessville HRC on behalf of Puritan Reformed Theological Seminary to debit my /our account.

**\*Remember to send a void cheque\***

AMOUNT OF MONTHLY DONATION \$ \_\_\_\_\_

OPTION 2) CREDIT CARD PAYMENT METHOD (VISA / MC / AMEX) PLEASE CIRCLE

Charge my Debit/Credit card: Card \_\_\_\_\_  
Exp. Date \_\_\_\_ / \_\_\_\_ Security Code \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_  
City/Province/ Postal Code \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

**Please charge my account or credit card on the  5<sup>th</sup> or  20<sup>th</sup> day of each month.**

\*If at any time I wish to revoke my authorization I may do so via telephone, email or letter. PRTS must receive this notice five days in advance of the next withdrawal. I have the right to receive reimbursement for any debit not authorized or inconsistent with this PAP agreement and will contact PRTS if this event takes place. To obtain more information on your recourse rights you can contact your financial institution or visit [www.cdnipay.ca](http://www.cdnipay.ca)

Please send completed form to:

Corney Les, PRTS Canada Coordinator  
10150 Gillanders Rd., Chilliwack, B.C. V2P 6H4  
or email with a copy of a blank cheque to [cles@shaw.ca](mailto:cles@shaw.ca)