

Authorization for Automatic Bank Account Withdrawal

(Bank account donations may take up to 4 weeks for processing and will appear on your bank statement under the name "Parkinson Society")

Full Name:

Street Address:

City: Province: Postal Code:

Email:

Telephone: () Fax: ()

Bank Name and Address: _____

Branch #: _____ Account #: _____

Amount of withdrawal: \$ _____

Frequency: Monthly, on the 1st or 15th of each month

I authorize the Parkinson Society Maritime Region to debit my bank account as indicated above.

Date: _____ Signature _____

PLEASE ATTACH A VOIDED CHEQUE

Society Use ONLY:
Received (date): _____
Bank Deposit (date): _____
Acknowledgement (date): _____
Receipt (date): _____
Receipt (#): _____