



# TURNING POINT YOUTH CENTRE

MAILING ADDRESS: BOX 335, MEADOW LAKE, SK., S9X 13Y

B-205 3RD ST. EAST MEADOW LAKE

email: [turningpointyouthcentre@gmail.com](mailto:turningpointyouthcentre@gmail.com)

## PRE-AUTHORIZED MONTHLY DONOR FORM

NAME:	EMAIL:	
ADDRESS:	CITY:	
PROV:	POSTAL CODE:	PH:

PLEASE WITHDRAW ON THE 1ST  OF THE MONTH OR THE 15TH  OF THE MONTH FOR THE AMOUNT OF \$  STARTING ON (M/D/Y)  UNTIL I CHANGE OR CANCEL THIS AGREEMENT. (30 DAYS NOTICE REQUIRED TO CANCEL)

I/WE AUTHORIZE TURNING POINT YOUTH CENTRE TO ARRANGE AUTOMATIC DEDUCTIONS AS PER THE INFORMATION PROVIDED BY SIGNING THIS AGREEMENT I/WE ACKNOWLEDGE HAVING READ A COPY OF THE TERMS AND CONDITIONS I/WE UNDERSTAND THE TERMS AND CONDITIONS OF THIS AGREEMENT, AND AGREE TO BE BOUND BY THE TERMS AND CONDITIONS OF THIS AGREEMENT. I/WE GUARANTEE THAT THE PERSON(S) WHOSE SIGNATURE(S) IS/ARE REQUIRED TO SIGN ON THE ACCOUNT HAS/HAVE SIGNED THE AUTHORIZATION.

NAME OF BANK:

BANK TRANSIT/BRANCH NUMBER:	BANK NUMBER:	ACCOUNT NUMBER:
<input type="text"/>	<input type="text"/>	<input type="text"/>

DATE

*Thank you*

YOUR SUPPORT HELPS US TO OFFER:

- A FREE, SAFE & INCLUSIVE PLACE TO HANG OUT,
- LEADERSHIP, WORK SKILLS & LIFE SKILLS TRAINING,
- HEALTHY MEALS IN A COMMUNITY SETTING,
- MENTORSHIP & SUPPORT NETWORK.