

Pre-Authorized Donation Withdraws

U-Turn Parkinson's
Pre-Authorized Debit Agreement

New Donation
Change to Current Donation

Attach Void Cheque Here

First Name: _____ Last Name: _____
City: _____ Prov: _____ Postal Code: _____
Phone: _____ Email: _____

Withdrawal Date is the 1st of each month
First withdrawal date: _____

New donation amount: \$ _____
Change current donation to: \$ _____

I/We hereby authorize the above donation to be withdrawn from the listed account on behalf of U-Turn Parkinson's Inc. I/we understand that this donation will continue until I/we request it to be stopped.

Signature of account holder: _____

Signature of account holder (if joint account): _____

Please print this document, fill, sign and along with voided cheque mail to:

U-Turn Parkinson's
46 Belair Rd.
Winnipeg, MB R3T 0S2

Or email this document, filled and signed with a voided cheque to: donate@uturnpd.org

Please contact your bank for details on how to download a void cheque online.

Cancel Donation

Donation will be stopped prior to the next scheduled withdrawal date unless the request is made within 3 days of the next donation date. If received within 3 days of the next donation date then the withdrawal will be canceled for the next scheduled donation date. Please call 204-510-4869 with any questions.