

## Signed Bank Withdrawal Statement

“I authorize a monthly deduction of \$\_\_\_\_\_ from my bank or credit union, account number \_\_\_\_\_ to be withdrawn on the 1st \_\_\_ or 15th \_\_\_ of each month for deposit to Solidarité sans frontières.”

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

***Mail this signed authorization with voided cheque to Solidarity Across Borders at 1500 de Maisonneuve Ouest, #204, Montreal, QC H3G 1N1.***