



Direct Withdrawal Donor Program Form Ukrainian Canadian Congress Charitable and Educational Trust

PERSONAL INFORMATION

Name: _____

Address: _____

Phone: _____

AUTHORIZATION TO DEBIT YOUR FINANCIAL INSTITUTION

For verification purposes, please attach one of your personal cheques marked "Void".

Name of Your Institution: _____

Branch Address: _____

Institution # _____ Transit # _____ Account # _____

Amount: \$ _____ Start Date: _____

Frequency: Bi-Weekly Monthly

**Purpose: Donation to the Ukrainian Canadian Congress Charitable and Educational Trust.
These donations are tax deductible.**

I understand and agree that I will be responsible for any costs which may be incurred to cancel, recall or stop payment on this direct transfer. As well, any charges that result from not stopping this transfer will be my expense. This authorization may be cancelled at any time upon written notice to Ukrainian Canadian Congress Charitable and Educational Trust.

Date: _____ Signature: _____

Thank you for your support of the UCC C&E Trust!

Mail or fax (along with a personal cheque marked "Void") to
**Ukrainian Canadian Congress
Charitable and Educational Trust**
Suite 647, 167 Lombard Avenue Winnipeg, MB R3B 0V3
tel 204.942.4627 e-mail ucc@ucc.ca