

Enter Church Name Here

DATE: _____

I want to support "CHURCH NAME" through monthly donations.

Please debit my bank account: (attach VOID cheque)

Monthly Amount: \$ _____ (specify)

The debit will be processed to your account on the ____th day of each month or the next business day.

Signature: _____

Donor Name: _____

Address/ Contact Information: _____

This donation is made on behalf of: _____ Individual _____ a Business

I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca.

- Church Name
- Church Address
- Church City & Postal Code
- Tel: church telephone
- Email: church email address

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.