

Pre-authorized Debit (PAD) Agreement

City Church



I (we) would like to support City Church through **monthly** planned giving.

I wish to have my (our) account drafted on the ☐ 9th or ☐ 18th or ☐ 27th day of each month or the next business day. **(Please check one preferred withdrawal date only).**
Each draft from my (our) bank account should be for a total of \$ _____ and be applied in this manner: \$ _____ to General Offering.
(Please attach a VOID cheque)

Date: _____

Donor(s) Name(s): _____

Signature (s): _____
For joint accounts both names & signatures are required

CONTACT INFORMATION

Street Address: _____

City: _____ **Province/Postal Code:** _____

Phone Number: _____ **Email:** _____

BANK INFORMATION

Financial Institution: _____

Institution Number: _____ **Transit Number:** _____

Account Number: _____

Street Address: _____

City: _____ **Province/Postal Code:** _____

This donation is made on behalf of ☐ an Individual ☐ a business (Please check one)

I understand that this authorization is to remain in full effect until the Church has received **written notification of its termination**. I (we) may revoke my (our) authorization at any time, subject to providing City Church a **30 day notice**. To obtain a cancellation form, or for more information on my right to cancel a PAD Agreement, I (we) may contact my (our) financial institution or visit www.cdnpay.ca or email us at the address listed below.

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

If you would like to keep a copy of this form please complete and print 2 copies and retain one for your records.

City Church

Contact Information: e-Mail: giving@citychurch.ca

Website: www.citychurch.ca