

Pre-authorized Donation (PAD) Agreement

For clarity please print.

Date: _____

<u>Personal Information</u>		
_____	_____	
First Name(s)	Last Name(s)	
_____	_____	
Street Address	Apt.	
_____	_____	
City	Prov.	Postal Code
_____	_____	_____
<u>Account Information & Authorization to debit Bank Account</u>		
You, the Payor, authorize Walmer Road Baptist Church to debit the account below:		
Institution Name _____		
Institution NO. _____	Transit NO. _____	Account NO. _____
Indicate if this is: _____ NEW Authorization _____ A CHANGE to an existing Authorization **		
Frequency : _____ 1 st of Month AND / OR _____ 15 th of Month (or next Business Day)		
<u>Donation Instructions</u>		
Total Amount per Transaction: _____		
Please indicate designations accordingly:		
General Church Budget: _____	Benevolent: _____	Other: _____
(i.e. Under the Roof)		
** If this is a change please indicate all new amounts		
_____ New	_____ Change	_____ Cancellation (Simply enter personal info. Sign and Date)

This authority is to remain in effect until Walmer Road Baptist Church has received written (Letter – at address below or Email – donations@walmer.ca) notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

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

Date Signature * _____ _____
Date Signature *

All those whose signatures are required to draw cheques on the account must sign this form

(created 2010, revised 2012)