

## PAD Agreement

(Pre-Authorized Debit)

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TRENTSIDE ENVELOPE NUMBER: \_\_\_\_\_

DONATION INFORMATION: AMOUNT (per frequency): \$ \_\_\_\_\_

FREQUENCY:

Monthly  
(1st of each month)

Semi-Monthly  
(15th and 30th of each month)

Bi-Weekly  
(Every other Friday)

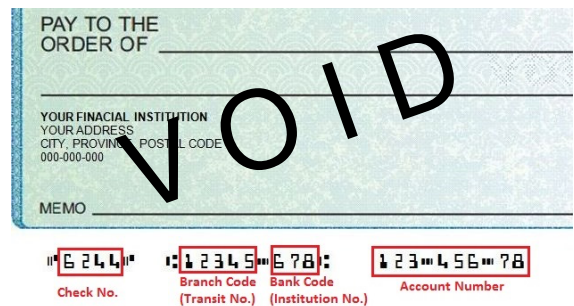
Weekly  
(Every Friday)

BANKING INFORMATION

VOID Cheque Attached

Branch Code: \_\_\_\_\_ Bank Code: \_\_\_\_\_

Account Number: \_\_\_\_\_



*I may revoke my authorization at any time, subject to providing 20 days notice. To obtain a sample cancellation form, or for more information on my right to cancel a PAD agreement, I may contact the church office or visit [cdnpay.ca](http://cdnpay.ca).*

*I agree that, for the purpose of this agreement, all pre-authorized debits from my account will be treated as Personal.*

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

*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 the PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [cdnpay.ca](http://cdnpay.ca)*