



PRE-AUTHORIZED DEBIT AGREEMENT

I want to support Crossridge Church monthly donations via Pre-authorized Debit (PAD).

Please debit my bank account: (attach VOID cheque)

\$ _____ monthly

The debit will be processed to your account on the 1st day of each month or next business day, effective the 1st day of the month following receipt of this form.

SIGNATURE: _____

DONOR NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

This donation is made on behalf of: ☐ an individual ☐ a business

I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a 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

Crossridge Church
#201-5752 176 St.
Surrey, BC, V3S 4C8
604-576-1811
finances@crossridge.church

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.