South End Fellowship Baptist Church
400 2nd Ave SE, Owen Sound (ON)
N4K 5P3
519-376-1550

Pre-Authorized Debits (PAD) for Monthly Giving

Donor Name and Address – please write clearly.

I/We warrant and represent that the following information is accurate.

Surname	First Name	Mr. Mrs. Ms. Miss
Address		
City	Postal Code	Phone Number
Email Address		Church Envelope Number

Name/Number of **Payor's** Financial Institution (the **Processing Institution**)		
Branch	Address	
City	Postal Code	Account Number

Please debit my bank account (I/We have attached a specimen cheque marked "VOID" to this Payor's Authorization):

- South End Fellowship Baptist Church may issue a PAD once a month, on the _____ of each month for $_____
- These withdrawals should begin: _____ (month/year)
- If the donations are not intended for the general fund, please indicate here which fund they should be for: _____

The payment will be debited on the next business day if the PAD date falls on a weekend or a statutory holiday. I will inform South End Church, in writing, of any change in the information provided in this section of the authorization at **least 10 days prior** to the next due date of the PAD.

I may revoke the Authorization at any time upon writing written notice to South End Fellowship Baptist Church at least 20 days prior to the next due date of the PAD. 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.

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.

I agree that the information contained in the Authorization may be disclosed to the Processing Institution as required to complete any PAD transaction.

I understand and accept the terms of participating in this PAD plan:

Signature

Date