

Pre-Authorized Debit (PAD) Agreement

THE CALGARY CHURCH OF CHRIST

I want to support The Calgary church of Christ through pre-authorized monthly / semi-monthly donations.

Please debit my bank account: (please attach VOID cheque) once each month or twice each month.
(On the 1st of the month) (On the 1st and the 16th of the month)

_____ \$25. _____ \$50. _____ \$75. _____ \$100. _____ \$250. Other Amount _____ (specify)
The debit will be processed to your account on the 1st and/or the 16th day of each month or the next business day.

SIGNATURE: _____ DATE: _____

1. CONTRIBUTOR INFORMATION (Please Print Clearly)

Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____ Cell Phone: _____

E-mail Address: _____

This donation is made on behalf of: _____ an individual _____ a Business

I may revoke my authorization at any time, subject to providing notice, in writing or by telephone, of a minimum of 10 days to the payee at the contact information listed below. 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.

2. BANK ACCOUNT INFORMATION (Please Print Clearly)

Bank Account Number:

Branch Transit Number: Financial Institution Number:

Chequing Account Savings Account

Financial Institution Name: _____

Branch Address: _____

3. CONTACT INFORMATION

The Calgary church of Christ
4030 Maryvale Drive N.E.
Calgary, AB T2A 2S8
Office Phone: (403) 272-2111
Office Fax: (403) 272-2109

Treasurer: Jack Mooney
Treasurer Phone: (403) 607-4904
Treasurer E-Mail: jjmooney@telus.net

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 right I may contact my financial institution or visit www.cdnpay.ca.