

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 (on the 1st)
or twice each month (on the 1st and 16th).

\$25 \$50 \$75 \$100 \$250 Other Amount _____

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: _____

Email 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: Saving Account:

Financial Institution Name: _____

Branch Address: _____

3. CONTACT INFORMATION

The Calgary Church of Christ

4030 Maryvale Drive NE

Calgary, AB T2A 2S8

Office Phone: (403) 272-2111

Email: info@calgarycofc.com

Treasurer: Steve Aasen

Phone: (403) 272-2111

giving@calgarycofc.com

Please deposit this form in the collection bag when it is passed or give it to a staff member.

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.