

**PRE-AUTHORIZED DEBIT (PAD) AGREEMENT
Cdn. Payments Rule H 1**

Penticton Alliance Church

DATE:

I want to support Penticton Alliance Church through monthly donations.

Please debit my bank account: (attach VOID cheque)

_____ \$25 _____ \$50 _____ \$100 _____ Other amount (specify)

The debit will be processed to your account on the ___ day of each month or the next business day.

The debit will be processed to your account on the ___ day of each month or the next business day. (to be used if debit is bi monthly)

Envelope # _____

Signature: _____

Donor Name: _____

Address _____

Contact Information _____

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

I may revoke my authorization at any time, subject to providing notice of (Payee to insert period – not to exceed 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

Penticton Alliance Church
197 Brandon Ave, Penticton, BC V2A 6X6
250-493-7136
office@pentictonalliance.org

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 www.cdnpay.ca