



| I want to support Church of the Please debit my bank account a | | nations. | |
|---|-----------------------------|---|------------|
| weekly on the 7th, 14th twice monthly on the 1st monthly on the 1st | | | |
| This debit will be processed to yo Please attach a VOID cheque. | our bank account on the dat | e(s) indicated or the next business day | <i>'</i> . |
| Debit Amount: \$ | Start date: | (DD/MM/YYY) | |
| Designation: Regular \$ | Secure Home \$ | Other \$ | <u></u> |
| Name: | | _ | |
| Address: | | | |
| Telephone: | | | |
| Email: | | | |
| This donation is made on behalf | of: an individual | a business | |
| Signature: | Date: | (DD/MM/YYY) | |

I may revoke my authorization at any time, subject to providing notice of 10 days. A cancellation form is available from the church office. To obtain a sample cancellation form, or for more information on my right to cancel my 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