

PRE-AUTHORIZED DEBIT (PAD) SIGN-UP FORM

I want to support Unity Baptist Church with monthly donations via Pre-Authorized Debit (PAD).

Name(s): _____

Mailing Address: _____

Phone: _____

e-mail: _____

Signature: _____

Date: _____

Please debit my bank account \$ _____ monthly, disbursed as follows:

\$ _____ General Account

\$ _____ Benevolent Account

I have attached a VOID cheque with my banking information.

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

The debit will be processed to your account on the 1st day of each month or the next business day, effective the 1st day of the month following receipt of this form.

I may revoke my authorization at any time, subject to providing notice of 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

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

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