

PRE-AUTHORIZED (PAD) AGREEMENT

1. Contributor Information (please print clearly)

Name: _____
Address: _____
City: _____ Prov: _____ Postcal Code: _____
Phone: _____ Email: _____

2. Choose A Plan

Weekly Plan: Amount \$ _____ *
(withdrawn every Friday of the month)

Monthly Plan: Amount \$ _____ *

Please withdraw on the

1st Friday 2nd Friday 3rd Friday 4th Friday

Other Day of the Month _____

Start Date: _____

3. Bank Account Information (attach void cheque)

Account # _____ Transit # _____

Financial Institution:

Name: _____ Address: _____

These services are for (check one):

personal business use

You the Payor authorize ALL NATIONS CHURCH to begin deductions as per my/our instructions for contributions to the church. This authority is to remain in effect until ALL NATIONS CHURCH has recieved written notification from me/us of its change or termination. This notification must be recieved 7 business days before the next debit is scheduled at the address provided below. If We may obtain a sample cancellation form, or for more information on my/our right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca

Authorized Signature

Date

You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights, contact your financial institution or visit www.cdnpay.ca



PRE-AUTHORIZED CREDIT CARD AGREEMENT

1. Contributor Information (please print clearly)

Name: _____
Address: _____
City: _____ Prov: _____ Postcal Code: _____
Phone: _____ Email: _____

2. Choose A Plan

Weekly Plan: Amount \$ _____ *
(withdrawn every Friday of the month)

Monthly Plan: Amount \$ _____ *

Please withdraw on the

1st Friday 2nd Friday 3rd Friday 4th Friday

Other Day of the Month _____

Start Date: _____

3. Card Information

Name as appears on Credit Card:

Type of Credit Card: Visa MC AMEX

Account #: _____

Expiration Date: ____/____ (mm/yy)

You the Payor authorize ALL NATIONS CHURCH to make a charge to this credit card as my/our contribution to the church.

Authorized Signature

Date

* If you wish for your donation to be designated other than general (Mortgage, missions, etc) please state here:

