

Brentview Baptist Church Pre-Authorized Debit (PAD) Agreement



I want to support Brentview Baptist Church through monthly donations.

Full Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____

Telephone: _____ Fax (optl): _____

Bank Name and Institution # (3 digits): _____

Branch # (5 digits): _____ Account #: _____

Amount of each withdrawal: \$ _____

Frequency: Monthly, on the 1st, or 15th of each month

Twice-monthly, on the 1st and 15th of each month

Please disburse my tithes and offerings as follows:

Unified Budget (regular) \$ _____

Brentview Impact Fund (IF) \$ _____

Total of Each Withdrawal \$ _____

This donation is made on behalf of: an individual a Business

Signature of Each Account Holder

Signature of Each Account Holder

Name (Please print)

Name (Please print)

Date

Date

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

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.

PLEASE ATTACH A VOIDED CHEQUE

(Please note: the first withdrawal and any changes you may want to make will take 2 to 4 weeks for processing and will appear on your bank statement under the name "Brentview Bapt". Please notify the Church Office, 403-284-4691, or mail@brentviewbaptist.com of any changes)

Office Use Only

Received: _____

First Withdrawal Date: _____