

Pre-Authorized Debit (PAD) Agreement

I want to support Bre	antview Bantist Church t	hrough monthly donations.		
			-	
		Postal e: Code:		
			_	
		otl):		
Bank Name ar	nd Institution # (3 digits):	·		
Branch # (5 di	gits): Account	t #:		
Amount of eac	ch withdrawal: \$			
Frequency:	Frequency: Monthly, on the \Box 1 st , or \Box 15th of each month			
	Twice-monthly, on th	ne 1 st and 15 th of each month		
Please disburse my tithes and offerings as follows:				
Unified Budget (regular) \$				
This donation is made on behalf of:				
Signature of Each Acc	ount 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 – <u>not to exceed 30 days</u>). 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 <u>www. cdnpay.ca</u>				
reimbursement for any debit		vith this agreement. For example, I have the right to consistent with this PAD Agreement. To obtain modular 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: _