

# Pre-Authorized Debit (PAD) Agreement

## Donor Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

This donation is made on behalf of: ☐ An Individual ☐ A Business

## Pre-Authorized Debit Terms

Spending of funds is confined to board-approved programs and projects. Each contribution directed toward an approved program or project will be used as restricted with the understanding that when the need for such a program or project has been met or cannot be completed for any reason as determined by the board, the remaining restricted contributions will be used where most needed.

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](http://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](http://www.cdnpay.ca).

## Payment Information & Authorization

I authorize the Elevation Church to debit my bank account as outlined in the payment terms. The debit will be processed to your account on the 16th day of each month or the next business day.

Amount: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a void cheque or fill out account details:

Branch Transit no. \_\_\_\_\_ Institution ID: \_\_\_\_\_ Account no. \_\_\_\_\_