

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT ELEVATION CHURCH

Date: _____
mm/dd/yyyy

I would like to support Elevation through monthly giving.

Please debit my bank account: (attach VOID cheque)

Amount \$ _____ This donation is made on behalf of: an Individual a Business

The debit will be processed to your account on the 16th day of each month or the next business day.

Donor Name: _____ Signature: _____

Address: _____ Contact Info: _____

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



Elevation Church
22 Willow Street
Waterloo, ON, N2J 1V6

519-886-5586
info@elevationwaterloo.org
www.elevationwaterloo.org