



Pre-Authorized Debit (PAD) Agreement

I want to support Midtown Church through monthly donations. Please debit my bank account

Payor's Information (Please Print or Type Clearly)

Payor's Name _____ Offering Envelope _____
Street Address _____ City _____ Prov. ____ PC _____
Phone _____ Email _____

Payor's Financial Institution Information (Please Print or Type Clearly - or Attach Void Cheque)

Account Number _____ Transit Number _____ Financial Institution _____ Name of Financial Institution _____

Pre-Authorized Debit Details

I authorize Midtown Church to debit the bank account identified above in the amount of \$_____ on the 1st – 15th (circle appropriate date) of every month or the next business day. I confirm that I have authority under the terms of your account agreement to authorize this debit.

These services are for (check one) Personal ____ Business Use ____

I may revoke my authorization at any time in writing or by phone subject to providing notice of 30 days. To obtain a sample cancellation form or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.payments.ca. Midtown Church may also cancel this PAD Agreement on not less than 30 days notice to you.

Signature of Account Holder

Signature of Joint Account Holder (if applicable)

Name (Please Print)

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 Agreement. For more information on your recourse rights, contact Midtown Church at 45657 Yale Rd, Chilliwack, BC, V2P 2N1, theoffice@mymidtown.church, 604-792-3988, or visit www.cdnpay.ca.