



**Pre-authorized Debit (PAD) Agreement**

**GRACE FREE METHODIST CHURCH**

**Date:** \_\_\_\_\_

I want to support **Grace Free Methodist Church** through monthly donations.

Please debit my bank account: (attach VOID cheque) or complete Bank Information below.

\_\_\_\_\_ \$20    \_\_\_\_\_ \$50    \_\_\_\_\_ \$100    **Other Amount** \$ \_\_\_\_\_ (please specify)

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

**Signature:** \_\_\_\_\_

**Donor Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Checking/ Savings Account**

Checking       Savings

Name on Acct    \_\_\_\_\_

Bank Name      \_\_\_\_\_

Bank Transit #    \_\_\_\_\_

Bank Code #     \_\_\_\_\_

Bank Account #   \_\_\_\_\_

This donation is made on behalf of: \_\_\_\_\_ **an Individual**      \_\_\_\_\_ **a Business**

I may revoke my authorization at any time, subject to providing notice of \_\_\_\_\_ days (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](http://www.cdnpay.ca)



**GRACE FREE METHODIST CHURCH**  
**P.O. BOX 13529 E.J. 3-3221 Derry Rd. N.**  
**MISSISSAUGA, ONTARIO L5N 7L0**  
**TEL #: +1(647) 234-2324**  
**EMAIL: [elisabeth2994@gmail.com](mailto:elisabeth2994@gmail.com)**

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 of my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).