



8025 Sherwood Drive, Regina SK S4Y 1G1

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PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Name: _____

Street Address: _____

City: _____ Province: _____

Postal Code: _____ Telephone: _____

Email Address: _____

Church Envelope Number: _____

Month to start PAD (minimum 2 weeks' notice): _____

Date for PAD is the 5th of each month

Please debit my bank account \$ _____

NOTE:

If you don't have a void cheque on file with the church, please attach one.

I may revoke my authorization at any time, subject to providing notice of 15 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. I have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

Signature: _____

Date: _____