



## WESTHILL PARK BAPTIST CHURCH

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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(s) for PAD (1<sup>st</sup> and/or 15<sup>th</sup>): \_\_\_\_\_

**Please debit my bank account (*attach VOID cheque*): \$ \_\_\_\_\_**

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

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