

Pre-Authorized Debit (PAD) Agreement with Emmanuel Fellowship Baptist Church

1. Donor Information (Please Print Clearly)

Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____

2. Bank Account Information

Attach a void cheque or fill in the information below

Deposit Account Number:

Branch Transit Number:

Financial Institution Number:

Chequing Account

Savings Account

Financial Institution: Name: _____

Branch Address: _____

3. Pre-Authorized Debit (PAD) Details

You, the Payor, authorize **Emmanuel Fellowship Baptist Church** to debit the bank account identified above for \$ _____ on the 8th of every month

This charitable donation is made on behalf of (check one) Personal Business Use

You, the Payor, may revoke your authorization at any time in writing, by phone, or email subject to providing notice of 10 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.cdnpay.ca.

Signature of Account Holder: _____

Signature of Joint Account Holder (if applicable): _____

Name: _____
(Please Print)

Name: _____
(Please Print)

Date: _____

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 PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

Completed forms can be put in the Treasurer's mailslot at the church or mailed to:
Emmanuel Fellowship Baptist Church
3412 - 15th Avenue
Vernon, BC, V1T6N9

Please identify how you want your PAD designated.

Ministry	Amount
General Fund	