



PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Donor/Payor Information

Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Telephone: _____ Email: _____
Envelope/Donor Number (if known): _____

Donor/Payor Financial Institution Information

Financial Institution Name: _____
Institution Number (3 digits): _____
Transit Number (5 digits): _____
Account Number: _____

A void cheque or pre-authorized debit form from your financial institution must be attached.

Monthly Donation Amount

Amount of Recurring Monthly Donation: _____

Pre-Authorized Debit Details

You, the Donor/Payor authorize Forestview Bible Church (Burlington, Ontario) to debit the bank account identified above for the recurring monthly donation amount specified above on the 27th of every month, or the next business day. You, the Donor/Payor, confirm that you have authority under the terms of your account agreement to authorize this debit.

This is a recurring PAD for monthly donations to Forestview Bible Church (Burlington, Ontario)'s general fund.

You, the Payor, may revoke your authorization at any time by sending an email to give@forestviewchurch.ca or by calling the church office at (905) 825-2992, subject to providing notice of 15 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. Forestview Bible Church (Burlington, Ontario) may also cancel this PAD agreement on not less than 15 days' notice to you.

Authorized Account Holder Name: _____

Signature: _____

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 recourse rights, you may contact your financial institution or visit www.payments.ca.

Forestview Bible Church (Burlington, Ontario)
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(905) 825-2992
give@forestviewchurch.ca