

Pre-authorized Debit Agreement

First Baptist Church

Date: _____

Please Debit my bank account: (attach VOID cheque)

_____ \$50 _____ \$100 _____ \$200 Other Amount _____ specify

Please debit the above amount on the _____ 15th of the month _____ 30th of the month
or _____ 15th and 30th

Signature _____

Donor name: _____

Address/Contact information _____

This donation is made on behalf of: _____ an Individual _____ a business

I may revoke my authorization at anytime, subject to providing notice of 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

First Baptist Church

1309 Bernard Ave.

Kelowna, BC

250 861-5425

Email: fbckelowna@shaw.ca

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 on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca