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## Pre- Authorized Debit (PAD) Agreement

Date: \_\_\_\_\_

I want to support Harmony Baptist Church through monthly donations

Please debit my bank account (VOID cheque attached) in the amount of:

\_\_\_\_\_ (specify amount)

The debit will be processed to your account on the \_\_\_\_\_ day of each month or the next business day.

Signature: \_\_\_\_\_

Donor Name: \_\_\_\_\_

Address: \_\_\_\_\_

This donation is made on behalf of an Individual.

I may revoke my authorization at any time in writing subject to providing notice of a minimum of 30 days. A cancellation form can be obtained from Harmony Baptist Church by e-mailing [admin@harmonybaptist.ca](mailto:admin@harmonybaptist.ca)

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