

Pre-Authorized Debit (PAD) Agreement

I want to support Campbell River Baptist Church through regular giving. This is authorization to withdraw directly from my account.

My banking	g information is as follows and/or a	void cheque is attached.
Bank #	Branch #	Account #
Dle	ase withdraw \$	from my bank account
1 100		
	Weekly – every Monday	
	☐ Bi-Weekly–every second Mon	nday 15 th of each month
	\square 10 th of each month	30 th of each month (28 th February)
Name		
Address		
	ty Postal Code	
Telephone Email Address		
Comments		
Signature _		
Date		
I may revoke my authorization at any time by email, phone or in person subject to		
providing notice of 10 days to: Campbell River Baptist Church		
	260 South Dog	
-	.	r, BC V9W 6Y7
I	Telephone 250-287-8831	email bookkeeper@crbaptist.bc.ca

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.payments.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.payments.ca