



## Pre-Authorized Debit (PAD) Agreement

Date \_\_\_\_\_ I attend the ☐ Walnut Grove Campus  
☐ Yorkson Campus  
☐ Aldergrove Campus

*I would like to support North Langley Community Church through **monthly** donations to the **General Ministry Fund**.*

Please debit my bank account: (attach a VOID cheque)

☐ \$200   ☐ \$400   ☐ \$500   ☐ \$1000

☐ Other amount \_\_\_\_\_  
*Please specify. Note that in order for the PAD to be set up, amounts need to be for \$20 or more.*

Please process my payment on the ☐ 1<sup>st</sup> **OR** ☐ 15<sup>th</sup> of each month

*The debit will be processed to your account on the 1<sup>st</sup> or 15<sup>th</sup> as selected or on the next business day.*

**Authorized start date:** \_\_\_\_\_ **Signature** \_\_\_\_\_

Donor

Name \_\_\_\_\_ NLCC Giving Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

This donation is made on behalf of ☐ an Individual ☐ a Business

I may revoke my authorization at any time, subject to providing written notice of 14 days (see below). 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).

### **CANCEL PAYMENT (14 days notice is required)**

The payor hereby cancels this PAD agreement effective: \_\_\_\_\_

Please confirm the final authorized donation date: \_\_\_\_\_

Payor Signature \_\_\_\_\_ Date \_\_\_\_\_

Payor Signature \_\_\_\_\_ Date \_\_\_\_\_