



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 ☐ 1st **OR** ☐ 15th of each month

The debit will be processed to your account on the 1st or 15th 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.

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.

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 _____