



Gregory Drive Alliance Church

255 Gregory Drive West
Chatham, Ontario
N7M 5J7

Fax (519) 352-4587
office@gregorydrive.com

Electronic Giving

The option of having funds withdrawn either monthly or semi-monthly on the 15th and/or 30th of each month is available to you.

On the attached form you will be required to fill in your banking information. As an alternative, you may wish to attach a void cheque. If you require assistance in obtaining this information you will need to contact your banking institution and they will give you instruction regarding the institution numbers and your banking account number. Also attached is a form to fill out regarding the breakdown of your offering funds.

If you choose to elect this option you are required to fill out the attached forms and return them in a **sealed envelope (in order to maintain your privacy)** marked to the attention of "Barb Bourbonnais" our church financial secretary. Envelopes may be placed in the offering plate, put in Barb Bourbonnais's church mailbox (mailbox is BELOW your name) or given to the church office.

For your convenience, below is a sample void cheque indicating what the various numbers on the bottom of your cheque refer to.

If you require further information, please contact the church office @ 519-352-4580 or office@gregorydrive.com or Harry Suelzle (Electronic Funds Administrator) at 519-351-9827

Per Finance Committee

ACCOUNT HOLDER NAME
STREET ADDRESS
CITY, PROVINCE POSTAL CODE

001

DATE _____

PAY TO THE
ORDER OF

VOID

\$

100 DOLLARS

BANK NAME
BANK STREET ADDRESS
BANK CITY, PROVINCE POSTAL CODE

⑆001⑆ ⑆05550⑆ ⑆004⑆ 127864182178⑆

Branch / Transit
Number

Bank/Institution
Number

Account
Number

Payor Authorization & Agreement Client's Name _____

TO:
(the "Company") to Direct Debit an Account

Account Holder (the "Customer"):

Exact Name in which Account is Held

Address

Telephone Number

City

Province

Postal Code

Financial Institution (the "Bank"):

Name of Bank

Address

City

Province

Postal Code

Bank Account No.

Branch No.

Institution No.

The customer acknowledges that this Authorization is provided for the benefit of the Company and the Bank, and is provided in consideration of the Bank agreeing to process debits against the Customer's account in accordance with the rules of the Canadian Payments Association.

Purpose of Debits (check one)

☐ Personal PAD ☐ Business PAD

I, the undersigned, hereby authorize Gregory Drive Christian and Missionary Alliance Church
to charge to the account named herein, the amount of:

\$ _____ on the ____ of each month, beginning _____

and ending when cancelled.

\$ _____ on _____ for _____

\$ _____ on _____ for _____

The Customer acknowledges that, in order to revoke or cancel this Authorization, the Customer must provide notice of revocation or cancellation to the Company. This Authorization may be revoked or cancelled at any time upon notice being provided by the Customer in writing with proper authorization to verify the identity of the Customer, within 30 days before the date of the next debit. Cancellation or revocation of this Authorization does not terminate any contract for goods or services that exists between the Customer and the Company. This Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged between the Customer and the Company.

The Customer may obtain a sample cancellation form, or further information on their right to cancel a Pre Authorized Debit Agreement, at their financial institution or by visiting www.cdnpay.ca.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we 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/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

The Customer warrants that all information provided with respect to the above account is complete and accurate. A specimen cheque for this account has been marked "VOID" and is attached to this Authorization. The Customer undertakes to inform the Company, in writing, of any change in the account information provided in this Authorization 30 days prior to the date of the next debit. The Customer acknowledges that any delivery of this Authorization to the Company constitutes delivery by the Customer to the Company and the Bank. The Customer warrants and guarantees to the Company and the Bank that all persons whose signatures are required to sign on the above account have signed this Authorization. The Customer acknowledges that it has read, understands, and accepts the terms and conditions of this Authorization.

Signature(s) or Authorized Signature(s) of Account Holder(s) **(Date)**

Signature(s) or Authorized Signature(s) of Account Holder(s) **(Date)**

Company Name: Gregory Drive Christian & Missionary Alliance Church

Company Address: 255 Gregory Drive W Chatham, Ontario N7M 5J7

Company Phone Number: 519-352-4580

Company e-mail address: office@gregorydrive.com