

Pre-Authorized Debit (PAD) Agreement

1. Customer Information (Please Print Clearly)

Name: _____ Customer No.: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____ Email: _____

2. Bank Account Information (Please Print Clearly)

Deposit Account Number:

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PLEASE ATTACH A VOID CHEQUE

Branch Transit Number:

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Financial Institution Number:

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Chequing Account: ☐

Savings Account: ☐

Financial Institution: Name: _____

Branch Address: _____

3. Pre-Authorized Debit (PAD) Details (Please Print Clearly)

You, the Payor, authorize Mennonite Brethren Church of Linden to debit the bank account identified above for the amount of \$ _____ on the _____ of every month or the next business day. You, the Payor, confirm that the authority under the terms of your account agreement to authorize this debit.

These services are for (check one): Personal Use: ☒ Business Use: ☐

You, the Payor, may revoke your authorization at any time in writing subject to providing notice of 30 days. For more information on your right to cancel a PAD Agreement or to obtain a sample cancellation form contact your financial institution or visit www.cdnpay.ca.

Signature of Account Holder

Name: _____
(Please Print Clearly)

Date: _____

Signature of Joint Account Holder (if applicable):

Name: _____
(Please Print Clearly)

Date: _____

You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 about your recourse rights, contact your financial institution or visit www.cdnpay.ca.