



8611 (Main) & 8585 (Annex)
Armstrong Ave
Burnaby, BC
V3N 2H4 - Canada

本立比宣道會
終止授權轉帳協議通知書

(如中、英文兩個版本有任何抵觸或不相符之處，應以英文版本為準。)

(604) 524-3336
office@bacfamily.org
www.bacfamily.org

本人 / 我們 現取消早前授權之 個人 / 商業 銀行帳戶每月自動轉帳奉獻，並由 _____ (日期) 起生效。

奉獻人姓名: (正式名字)	_____		
英文姓氏	英文名字	中文姓名 (如有)	
奉獻資料: BAC 奉獻號碼: _____			
銀行戶口號碼: _____			
每月授權轉帳奉獻金額: 加幣\$ _____			
聯絡資料:			
單位號碼	街道名稱		
城市	省份	郵區	
電郵:	_____	電話號碼:	_____
→ 奉獻人簽署: _____		日期:	_____ ←

備註:

注意：凡「終止授權自動轉帳通知書」必須以掛號信件、電話、互聯網、電郵、傳真或預繳速遞送交收款人，並且必須符合「奉獻自動轉帳授權書」內所訂定的取消條款。

如在每月第5天或之前收到取消通知，經核實後該月的付款將會取消。如在第5天之後才收到取消通知，則取消將於下一個月生效。


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Burnaby Alliance Church
Cancellation of Pre-Authorize Debits (PAD)

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office@bacfamily.org
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(If there is any inconsistency or ambiguity between the English version and the Chinese version, the English version shall prevail.)

I / We hereby cancel the authorization to issue Personal / Business pre-authorized debits from the bank account, effective from _____ (Date).

Donor Name: (Legal Name)	<hr/>	<hr/>
	Surname	First Name
		Chinese Name (if any)
Donation information:	BAC donation #: _____	
	Account number: _____	
	Monthly Pre-Authorized Debit Amount: CAD \$ _____	
Contact:	<hr/>	
	Apt./Suite No.	Street Name
	<hr/>	<hr/>
City	Province	Postal Code
	<hr/>	<hr/>
Email:	Phone: _____	
Donor Signature: _____		Date: _____

Note:

Subject to the terms of any agreement between the Payer and Payee, including the Payer's PAD Agreement, a Cancellation Notice may be provided to the Payee by registered mail, telephone, Internet, e-mail, fax, or prepaid courier. The notice must comply with the cancellation requirements, if any, outlined in the applicable Payer's PAD Agreement.

Cancellation requests received **on or before the 5th day of the month** will take effect within that same month. If received **after the 5th day of the month**, the cancellation will take effect in the following month.