

Pre-Authorized Debit (PAD) Agreement

I want to support Harmony Baptist Church (1763 Upper James Street, Hamilton, ON) through monthly donations.

Please debit my bank account (VOID cheque attached) in the amount of:

_____ (specify amount)

The debit will be processed to your account on the _____ day of each month or the next business day.

Signature: _____

Donor Name: _____

Address: _____

This donation is made on behalf of an Individual.

I may revoke my authorization at any time in writing subject to providing notice of a minimum of 30 days. A cancellation form can be obtained from Harmony Baptist Church by e-mailing admin@harmonybaptist.ca

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.