



AUTOMATIC BANK WITHDRAWAL FORM

Date: _____ / _____ / _____
Day Month Year

- I want to support AbbyFree Church through a monthly donation
- Please debit my bank account: (attach VOID cheque)

_____ \$100 _____ \$200 _____ \$250 _____ \$400 Other Amount \$ _____
(Please Specify)

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

Signature: _____

Donor Name: _____

Address/Contact Info: _____

This donation is made on behalf of: _____ an Individual _____ a Business

Cancellation: I may revoke authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca

Recourse: 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

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