

Saanich Baptist Church
EFT: Preauthorized Withdrawal

ACT LOVE WALK



Date:

Please debit my bank account: (See attached VOID cheque) *

*Notice of change of account or change of financial institution must be given in writing to Saanich Baptist Church and/or its Envelope Secretary.

Fixed Amount \$ _____

The debit will be processed monthly on either (choose one option)

- A) The 15th day of each month or the next business day or:
- B) The last business day of each month.

Payee Name	
Street address	
City, Province, Postal Code	
Email	
Signature	

I/we may revoke my/our authorization at any time, subject to providing notice of not less than 15 days or more than 30 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I/we may contact my/our financial institution or visit www.cdnpay.ca.

Saanich Baptist Church
4347 Wilkinson Road Victoria BC V8Z 5B8
Phone: (250)744-2020 Fax: (250)744-2092
Email: office@saanichbaptist.org

To protect confidentiality, send notice to: Wayne Hoffart, Envelope Secretary
2643 Pinnacle Way
Victoria, BC V9B 6P4
Phone: (250) 474 6131
Email: waynehoffart@saanichbaptist.org

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.

PRE-AUTHORIZED PAYMENT AUTHORIZATION - TERMS AND CONDITIONS



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BC Canada, V8Z 5B8
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