

mosaicHouse Christian Reformed Church

Pre-authorized Debit (PAD) Agreement

Pre-Authorized Debit (PAD) Details

I/We authorize **mosaicHouse Christian Reformed Church** to debit my bank account for

\$ _____ on the _____ day of each and every consecutive:

- Week
- Bi-Week
- Semi-monthly (15 and last day of the month)
- Month

Starting date _____

These services are for (*check one*) _____ personal use

Signature: _____ Date: _____

This authority is to remain in effect until **charity name** has received written notification from me of its change or termination. This notification must be received **at least 30 days in advance of the next pre-authorized debit** at the address below. 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.

I/We 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 right, I may contact my financial institution of visit www.cdnpay.ca.

Member Information

Name: _____ Telephone: _____

Address: _____

Bank Account Information

FI Transit Number Route Account Number

Financial Institution Name: _____

Branch Address: _____

Please return to:

mosaicHouse Christian Reformed Church
Admin Kim Vanderhoek
(cell) 780 482-0864

bookkeeper@mosaicHouse.ca