



Pre-Authorized Debit (PAD) Agreement

I want to support the ministry of **Real Life Community Church** through regular tithes and offerings.

Please debit my bank account (attach VOID cheque):

- \$ _____ on the 1st day of each month (or next business day)
- \$ _____ on the 16th day of each month (or next business day)

Please allocate my total monthly donation to:

Church Ministry	\$ _____
Community Care	\$ _____

Donor Name: _____

Address: _____

Signature: _____

Date: _____

This donation is made on behalf of ____ an Individual ____ a Business

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

Real Life Community Church
c/o #18 - 16318 82 Avenue
Surrey, BC V4N 0N9
Tel: 778-241-7325
E-Mail: info@reallifecommunitychurch.ca

I have certain recourse rights if any debit does not complete 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