

Pre-authorized Debit (PAD) Agreement

Calvary Baptist Church

Date: _____

I want to support Calvary Baptist Church through monthly donations.

Please debit my bank account: (*attach VOID cheque*)

___\$25 ___\$50 ___\$75 **Other Amount** _____(specify)

The debit will be processed to your account on the 1st day of each month or the next business day

Signature: _____

Donor Name: _____

Contact Information: _____

E-mail: _____

I may revoke my authorization at any time, subject to providing notice of _____ days (Payee to insert period - not to exceed 30 days). To obtain a sample cancellation form or for more information on my right to cancel a PAD Agreement, I may contact the Church Envelope Secretary or visit www.cdnpay.ca.

Calvary Baptist Church
1636 Regan Avenue
Coquitlam BC V3J 3B8
Telephone: 604-936-8242
Fax: 604-936-8240
E-mail: office@calvarybaptist.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.