



Personal Pre-Authorized Debit Agreement (PAD)

<input type="checkbox"/> New Application	<input type="checkbox"/> Amendment to Original PAD
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Contact Information:

Name					
Address					
City		Prov		Postal Code	
Email				Phone	

Receipt to be Issued to (Choose One Option):

<input type="checkbox"/> Same as above	<input type="checkbox"/> Other (please specify):
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Frequency (Choose One Option):

<input type="checkbox"/> 1 st (Monthly)	Amount:
<input type="checkbox"/> 1 st & 15 th (Semi-Monthly)	Amount:
<input type="checkbox"/> Allocation	Operating: \$ Missions: \$ Good Neighbour: \$

Banking/Credit Card Information – Please attach VOID cheque or complete:

Credit Card Number <small>** Visa / Mastercard only **</small>	EXP (MM/YY)	CVC
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OR

Name /Address of Financial Institution	
Branch Transit	
Branch Institution	
Account	

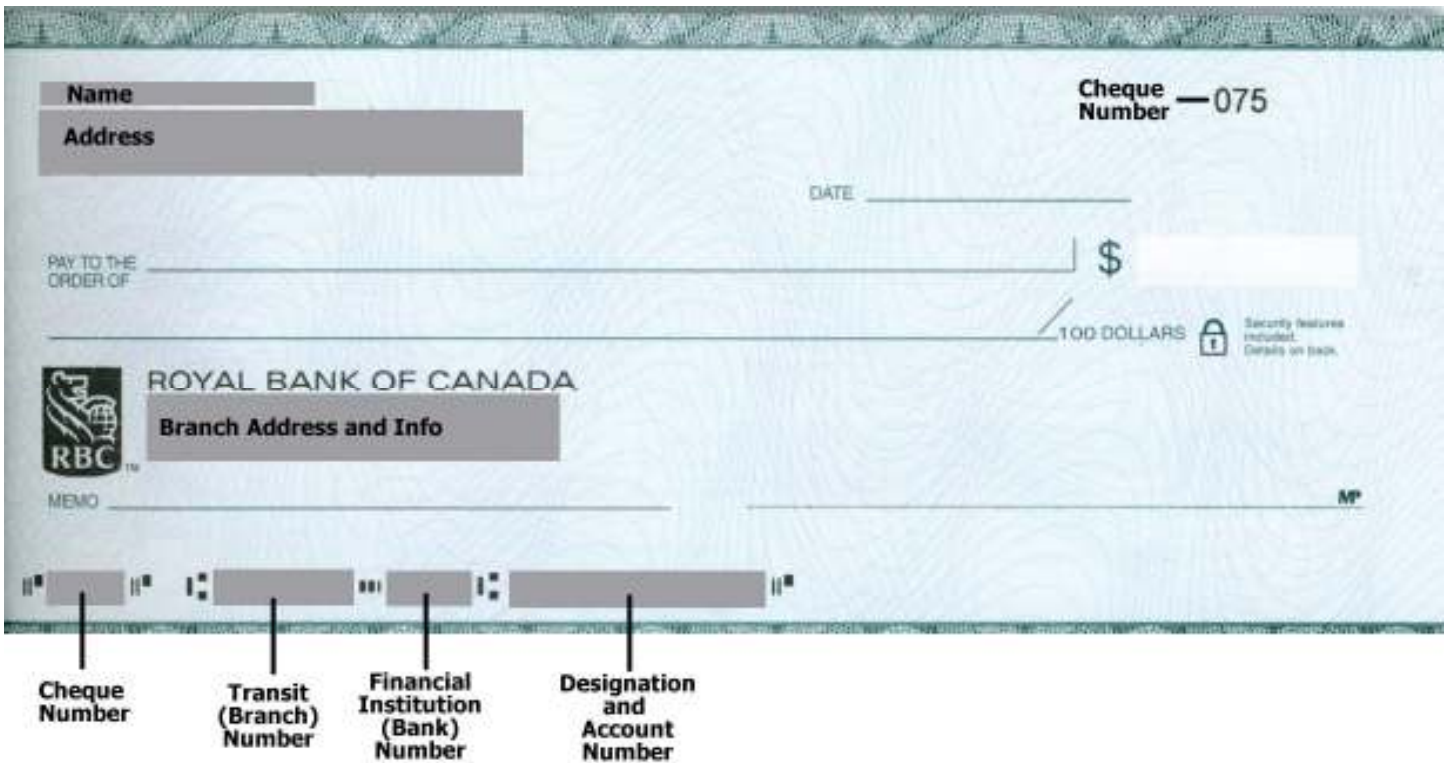
VOID CHEQUE

I may revoke my authorization in writing 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. 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.

Okotoks Evangelical Free Church
 28 Westland Road, Okotoks AB T1S 1T2
accounting@okotoksefc.ca 403-938-3311

Date:	Signature:

Sample Cheque



OFFICE USE ONLY				
Donor #		Date		Initial

Please return form to the Info Kiosk or church office