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## **Pre-authorized Debit (PAD) Agreement**

Date:		
weekly (on	ple Ridge Community Church to Mondays) or bi-weekly (on F y (1st & 15th) or monthly (1st)	riday) or
Please debit my bank a	ccount: (attach VOID cheque	or fill out below)
Account #	Name of Bank	Transit #
Amount	(specify) beginning	(D/M/Y)
Signature:		
Donor Name:	(	(include middle initial)
Address:		
Phone #:	Email:	
This donation is made	on behalf of:an Individua	ala Business

This authority is to remain in effect until Maple Ridge Community Church has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided above. 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 <a href="https://www.cdnpay.ca">www.cdnpay.ca</a>.

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 <a href="https://www.cdnpay.ca">www.cdnpay.ca</a>.