



PRE-AUTHORIZED GIVING DONATION FORM

Today's Date: Month // Day // Year

Please Debit My Bank Account The Following Amount: \$ _____

Frequency: Weekly Bi-weekly Bi-monthly Monthly

Date(s)/Day of Week: _____

OPTION 1: Attach A Void Cheque

OPTION 2: Fill In Banking Information *(No Available Voided Cheque)*

FI Transit Number: _____ - _____ (top-middle left)

Financial Institution Name: _____

FI Address: _____

FI Account Routing Number: _____ (bottom left)

Your Account Number: _____ (second # bottom after :.)

Name(s) On The Account: _____

Type of Service: Personal Business

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Number: (_____) - _____ - _____

Signature: _____

LEGAL INFORMATION:

I may revoke my authorization at any time, subject to providing notice of (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 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.

The information being collected will be used by New Life Church exclusively for financial related purposes including those related to pre-authorized giving, issuing and mailing off tax receipts, and contacting you regarding financial matters.