RESURRECTION CHURCH

126 Sherbrooke Avenue,
Ottawa, ON K1Y 1R9

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Date: _____ (YYYY-MM-DD)

I wish to support RESURRECTION CHURCH through regular donations.

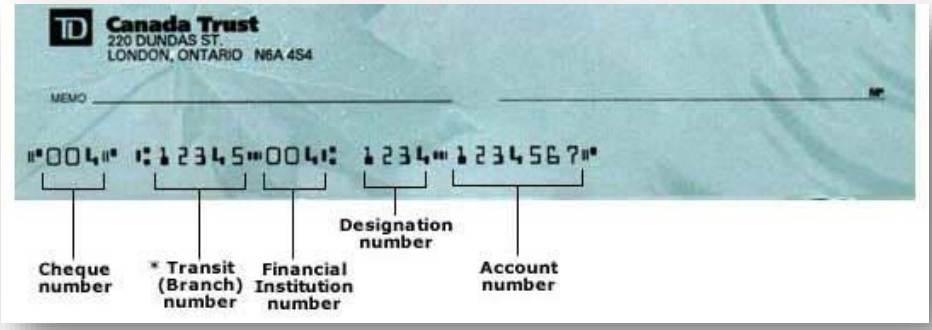
My support is designated for:

- ◯ GENERAL DONATIONS
- ◯ CHRIST CHURCH HALIFAX (Chhangur)
- ◯ GRACE GATINEAU (Garcia)
- ◯ JIM POOPALAPILLAI

Please debit account: Transit No. |___|___|___|___|___| Inst. No. |___|___|___|

Account No. |___|___|___|___|___|___|___|___|___|___|___|___

Please refer to example below. Transit Number, Financial Institution Number, and Account Number may be found on your cheques.



Amount: $ _____ Frequency: _____
(Weekly/Monthly/One-Time/Other)

Donor Name: _____ Signature: _____

Address: _____ Email: _____

_____ Phone: _____

_____

CANCELLATION OF AGREEMENT: I may revoke my authorization at any time, subject to providing notice of 15 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.

RECOURSE STATEMENT: I have certain 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.