

Pre-Authorized Debit (PAD) Agreement

I, _____, authorize The Church at Southpoint to debit my account on the 20th of the month as a donation. Please provide this **form** and a **void cheque** to Sarah Adams (Financial Administrator books@southpoint.ca), or place them in the offering basket during a Sunday service. The Church of Southpoint respects your privacy; your information is only used for ministry purposes.

Donor Information (Required for Issuance of Tax Receipts)

Mailing Address _____

City _____ Postal code _____

Phone number _____ Email _____

Donor's Bank Information

Bank Name _____

Mailing Address _____

City _____ Postal code _____

Account # _____ Institution # (3 digits) _____ Transit # (5 digits) _____

Giving Instructions

This is a monthly donation Total monthly donation _____

This is a one-time donation Total one-time donation _____

Commencing Date _____

Preferred Allocation of Donation

As needed General budget Missions Benevolence (to be kept confidential)

Donor's Rights

I may revoke my authorization at any time, subject to providing 30 days' notice. I have certain recourse rights, such as that of reimbursement for any debit that is not authorized or inconsistent with this PAD Agreement. To obtain information on my recourse rights, on my rights to cancel a PAD Agreement, or for a sample cancellation form, I may contact my financial institution or visit www.cdnpay.ca.

Donor's Signature _____

Date _____