



## Pre-authorized Debit (PAD) Agreement

I/We authorize **Amazing Grace Community Church**  
to debit my bank account for

\$ \_\_\_\_\_ on the \_\_\_\_\_ day of each and every consecutive:  
\_\_\_\_\_ Week  
\_\_\_\_\_ Bi-Week  
\_\_\_\_\_ Semi-Monthly 15th and monthend  
\_\_\_\_\_ Month

Starting Date \_\_\_\_\_

These services are for \_\_\_\_\_ Personal use \_\_\_\_\_ business use

This authority is to remain in effect until Amazing Grace Community Church has received written notification from me of its change or termination. This notification must be received at least 30 days in advance of the next pre-authorized debit at the address below. 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](http://www.cdnpay.ca)

I/We 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 right, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Personal Information

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

### Bank information

FI transit	Route	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Financial Institution Name \_\_\_\_\_

Bank Address \_\_\_\_\_

When completed please include copy of void cheque and return to

**Amazing Grace Community Church**  
210A 12A St N Suite #115  
Lethbridge, AB T1H 2J1  
403-892-4965

or email to

[givingagccl@shaw.ca](mailto:givingagccl@shaw.ca)