



Cornerstone Church—Mennonite Pre-Authorized Debit (PAD) Agreement

1. Personal Information (Please Print Clearly)

Name: _____

Street Address: _____ City/Prov: _____

Postal Code: _____ Telephone Number: _____

2. Bank Account Information (please fill in or attach a void cheque to this section)

Deposit Account Number:

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Bank Transit Number:

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Financial Institution Number:

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Chequing Account:

Savings Account:

Financial Institution Name: _____

Branch Address: _____

City/Prov: _____ Postal Code: _____

3. Pre-Authorized Debit (PAD) Details

You, the Payor, authorize Cornerstone Church—Mennonite to debit the bank account identified above for the amount of \$_____. You authorize the debit to take place on the (please choose **one** of the following):

First of each month, beginning on _____, 20____.

Or

Fifteenth of each month, beginning on _____, 20____.

Or

First and fifteenth of each month, beginning on _____, 20____.

Or

Weekly, beginning on _____, 20____.

You, the Payor, may revoke your authorization at any time by phone or in writing subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

Signature of Account Holder: _____	Signature of Joint Account Holder (if applicable): _____
Name: _____	Name: _____
Date: _____	Date: _____
<p>You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights, contact your financial institution or visit www.cdnpay.ca.</p> <p>Send completed form by mail to: Cornerstone Church, 315 Lenore Drive, Saskatoon, SK S7K 7Z5 or hand in completed form to the church office during office hours.</p>	