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Trinity Bible Church
Pre-Authorized Debit (PAD) Agreement

Date: _____

____ I want to support Trinity Bible Church with a one time donation on _____ (date) in the amount of \$_____

____ I want to support Trinity Bible Church through monthly donations.

Please debit my bank account: (*attach VOID cheque* or provide the following)

Financial Institution # _____ Branch Transit # _____

Account # _____

\$_____ (specify amount)

The debit will be processed to your account on the 15th day of each month or the next business day. Note: Your first payment will be processed on the 15th of the month following the date of this Agreement.

Donor's Signature _____

Donor's Name: _____

Address: _____

Email: _____

Complete Name (including Middle Initial) and Address required for Tax Reporting.

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