



## College Park Covenant Church

### Pre-authorized Debit (PAD) Agreement

**Date:** \_\_\_\_\_

**I want to support College Park Covenant Church through monthly donations.**

**Please debit my bank account: (*attach VOID cheque*)**

**Amount** \_\_\_\_\_ (specify)

*The debit will be processed to your account on the 18<sup>th</sup> day of each month or the next business day.*

Signature: \_\_\_\_\_

Donor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact #: \_\_\_\_\_

E-mail: \_\_\_\_\_

**This donation is made on behalf of: \_\_\_\_\_ an Individual \_\_\_\_\_ a Business**

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](http://www.cdnpay.ca).

College Park Covenant Church

909 Acadia Drive

Saskatoon, SK.

S7H 5N4

[giving@collegetparkcovenant.org](mailto:giving@collegetparkcovenant.org)

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