

Pre-authorized Debit Agreement



Phone: 403-652-4170

E-mail: info@highriverchurch.com

1318 – 9 Ave SE
High River, AB T1V 1L2

Date: _____

Please begin to debit my bank account on

_____ (mm/dd/yy) and continue to do this on a

_____ (weekly, twice-monthly, or monthly) basis.

Please debit my bank account in the following amounts and designate as indicated: (attach VOID cheque or Branch, Bank, and Account Numbers)

General Fund: \$ _____ Ministry and Missions Fund: \$ _____

Building Fund: \$ _____ Other: _____ \$ _____

This donation is made on behalf of: _____ an Individual _____ a Business

Donor Name (print): _____

Donor Address: _____

Donor Phone Number: _____

Declaration, Acknowledgement, Agreement and Authorization

PAD arrangements may be terminated on 10 days written notice beginning the day the notice is mailed either by HRAC or by me. To obtain more information on the right to cancel a PAD arrangement, or to obtain a sample cancellation form, I may contact my financial institution or visit www.cdnpay.ca;

For the purposes of this agreement, all debits from my account will be treated as a personal PAD;

I waive my right to notice before any withdrawal is made;

I am aware that certain recourse rights exist in the event that a debit does not comply with this agreement. 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 HRAC office.

Donor Signature: _____

Received by _____ (HRAC Treasurer or Rep)