Resurrection Lutheran Brethren Church

Pre-Authorized Debit (**PAD**) Agreement

Pre-Authorized Debit (PAD) Details

I / We authorize Resurrection Lutheran Brethren Church to debit my bank account for

$ _____ . _____

☐ on the **1**st day of each and every consecutive month.

☐ on the **10**th day of each and every consecutive month.

☐ on the **16**th day of each and every consecutive month.

Starting date: _____, 20____

These services are for (check one) _____ personal use _____ business use

Signature: _____ Date: _____

This authority is to remain in effect until Resurrection Lutheran Brethren 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.

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.

Member Information

Name: _____ Telephone: _____

Address: _____

Street City Province Postal Code

Bank Account Information

FI Transit Number	Route	Account Number

Financial Institution Name: _____

Branch Address: _____

Please return to: Treasurer
Resurrection Lutheran Brethren Church
5601 Enevold Drive
Camrose AB T4V 4N4
treasurer@rezchurch.ca

Phone 780-672-0909