

# Maranatha Christian Reformed Church

## Pre-authorized Debit (PAD) Agreement

### Pre-Authorized Debit (PAD) Details

I/We authorize **Maranatha Christian Reformed Church** to debit my bank account for

\$ \_\_\_\_\_ on the \_\_\_\_\_ day of each and every consecutive:

- Week
- Bi-Week
- Semi-monthly (15 and last day of the month)
- Month

Starting date \_\_\_\_\_

These services are for (*check one*) \_\_\_\_\_ personal use  business use

This authority is to remain in effect until **Maranatha Christian Reformed 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](http://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 of visit [www.cdnpay.ca](http://www.cdnpay.ca).

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

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

### Church Information

Name: **Maranatha Christian Reformed Church** Telephone: **403-381-7744**

Address: **260 McGill Blvd. W. Lethbridge, AB T1K 4C6**

### Bank Account Information

FI Transit Number

Route

Account Number

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Financial Institution Name: \_\_\_\_\_

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

When the form is complete, please attach a cheque marked VOID and return to:

**Maranatha Christian Reformed Church**  
**260 McGill Blvd. W.**  
**Lethbridge, AB T1K 4C6**