

Payor's Pre-Authorized Debit (PAD) Agreement

WESTLYNN BAPTIST CHURCH

Client Information (please print clearly)

Full Name:		
Mailing Address:		
City:	Province:	Postal Code:
Contact Number:		
Reference Information:		

Pre-Authorized Debit (PAD) Details

Amount of Payment:
Frequency:
Start Date: 1 st day of _____, 20__
Expiry Date:
Please attach a voided copy of your cheque with your account number micro encoded on the bottom

I authorize Westlynn Baptist Church, and the financial institution designated (or any other financial institution I/we may authorize at any time), to begin deductions as per my instructions for monthly regular recurring payments and/or one-time payments from time to time. Regular monthly payments will be debited to my/our account on the 1st day of each month.

This authority is to remain in effect until Westlynn Baptist Church has received written notification from me of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I may obtain a sample cancellation form, or more information on my right to cancel a PAD Agreement at my financial institution or by visiting www.payments.ca.

Westlynn Baptist Church may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (10) days prior written notice to me.

I have certain recourse rights if any debits do not comply with this agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my recourse rights, I may contact my financial institution or visit www.payments.ca.

Authorized Signature(s):

Date:

Westlynn Baptist Church
1341 East 27th Street, North Vancouver, BC V7J 1S6
604-986-4516
admin@westlynnbaptist.com