



**new life**

FELLOWSHIP BAPTIST CHURCH

## Pre-authorized Debit (PAD) Agreement

***I want to support New Life Fellowship Baptist Church through regular donations.***

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

One or more frequencies may be selected (i.e. 1st and 15th of each month).

\$\_\_\_\_\_.00 on the **1<sup>st</sup> day of each month** (or next business day)

\$\_\_\_\_\_.00 on the **15<sup>th</sup> day of each month** (or next business day)

Beginning: \_\_\_\_\_

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

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

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

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_

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

This donation is made on behalf of:  an Individual or  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).

New Life Fellowship Baptist Church  
6881 Yonge St., Innisfil, ON L9S 4N7  
Telephone: 705-436-5413  
E-mail: [donations@newlifebaptistchurch.ca](mailto:donations@newlifebaptistchurch.ca)

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).