



**COMMUNITY
BIBLE CHURCH
ILDERTON**

**Community Bible Church Ilderton
100 Meadowcreek Drive, RR3
Ilderton, ON N0M 2A0
T: 519-666-3049
Email: amy@cbcilderton.ca**

Pre-Authorized Debit (PAD) Agreement Application

I/we authorize Community Bible Church Ilderton, and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for payment of the weekly/monthly debits authorized below.

This authority is to remain in effect until Community Bible Church Ilderton has received written notification from me/us 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 above. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution; or by visiting www.cdnpay.ca

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we 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/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca

I/we authorize the following debit of my/our bank account:

Monthly Amount: \$_____ or Weekly Amount: \$_____

and designated as follows:

General: \$_____ Missions: \$_____ Capital: \$_____

I/we authorize the weekly debits to occur on every Monday, and the monthly debits to occur on or after the 16th of each month.

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PLEASE PRINT

Date: _____

Account Holder Name: _____

Type of Service Personal Business

Name(s) _____

Address _____

City _____ Province _____ Postal Code _____

Phone # (Bus.) _____ (Res.) _____

Financial Institution (FI): _____

FI Account Number: _____ FI Transit Number: |_|_|_|_|_|-|_|_|_|_|_|

(Branch -5 digits - FI – 3 digits)

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Authorized Signature(s): _____

Where your account agreement requires the signature of two or more signing authorities, the signatures of all such person are required for the purposes of this PAD Agreement.

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OFFICE USE ONLY:

Received: _____ Entered by: _____

Starting Amount: _____ Start Date: _____ Copy of Agreement Sent: _____

Authorized Signature: _____