



Automatic Withdrawal
Pre-Authorized Debit Agreement

Please Choose one of the Following:

- New** (New Pre-Authorized Debit Donor)
- Change** (Please make a change to an existing Pre-Authorized Debit request)

Your Information

Name(s):
Address:
Telephone Number(s):
Email:
Community you attend: <input type="checkbox"/> Church@33 <input type="checkbox"/> South <input type="checkbox"/> Creekside <input type="checkbox"/> Glenmore <input type="checkbox"/> Pursuit

Payment Information:

Giving Details	
Starting Month: _____	
(please fill in)	
<input type="checkbox"/> The 1 st day of the month	Amount to Unified Budget \$ _____
<input type="checkbox"/> The 16 th day of the month	Amount to Unified Budget \$ _____
(you may choose a donation amount for one date or for both dates)	
Total Monthly Giving \$ _____	

Authorization/Banking Information

<ol style="list-style-type: none">1. PLEASE ATTACH A CHEQUE MARKED "VOID"2. PLEASE TURN OVER TO READ AND SIGN AUTHORIZATION (cannot be processed without signature(s) on back.

I/we authorize Willow Park Church to withdraw money from my/our bank account in accordance with the monthly amount indicated.

I/we understand that this is a Personal Pre-Authorized Debit Agreement (charity donations), as opposed to a Business or Funds Transfer Pre-Authorized Debit Agreement.

I/we understand that I/we have the right to cancel or change this authorization at any time with five business days notice. I/we may obtain a sample cancellation form, or more information on my/our right to cancel this Agreement at my/our financial institution or by visiting www.cdnpay.ca

I/we will notify Willow Park Church if our personal contact information changes (e.g. name change, address change, etc). I/we will notify Willow Park Church if our banking information changes.

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 Pre-Authorized Debit that is not authorized or is not consistent with the terms of this Agreement. To obtain more information on my/our recourse rights I/we may contact my/our financial institution or visit www.cdnpay.ca

Date_____ Signature(s)_____

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