



**Automatic Withdrawal
Pre-Authorized Debit Agreement**

Please Choose one of the Following:

<input type="checkbox"/> New (New Pre-Authorized Debit Donor) <input type="checkbox"/> Change (Please make a change to an existing Pre-Authorized Debit request)

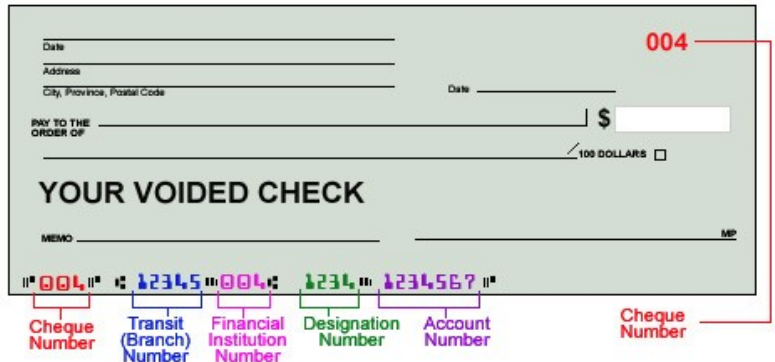
Your Information

Name(s):
Address:
Telephone Number(s):
Email:

Payment Information (please choose one of the following):

<p align="center">Giving Frequency (you may select one or both)</p> <p>Start Date: _____ (please fill in)</p> <p><input type="checkbox"/> The 1st day of the month Amount \$ _____</p> <p><input type="checkbox"/> The 16th day of the month Amount \$ _____</p>	<p align="center">Allocation (you may select one or both)</p> <p><input type="checkbox"/> Unified Budget Amount \$ _____ Campus Attending: Church@33 South Creekside Glenmore (Please Circle)</p> <p><input type="checkbox"/> Board Approved Project(s):</p> <p>Project Name _____ Amount \$ _____</p> <p>Project Name _____ Amount \$ _____</p>
<p>Total Monthly Giving \$ _____</p>	<p>Total of Allocations \$ _____ (should equal total monthly giving)</p>

<p>Banking Information ATTACH A VOID CHEQUE OR PROVIDE THE FOLLOWING INFORMATION:</p> <p>Transit (Branch Number): _____</p> <p>Financial Institution Number: _____</p> <p>Bank Account Number: _____</p>



Please Turn Over

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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