



THE VILLAGE
CHURCH

PO Box 47
Thorold ON L2V 3Y7
myvillagechurch.ca

The Village Church: Pre-Authorized Debit (PAD) Agreement

I hereby want to support The Village Church, PO Box 47, Thorold, ON, L2V 3Y7
(donations@myvillagechurch.ca) through

(Weekly / Bi-weekly / Monthly) donations. (circle one)
(Every two weeks)

Please debit my bank account, starting _____, DD/MM/YY

in the amount of \$ _____, Amount in words _____

The debit will be processed to your bank account, on the 20th day of the month, or on the Tuesday for weekly or bi-weekly transactions.

Donor's Name (s): _____

Donor's Address: _____

Bank Account # _____ Account Type _____

Name and Address of Bank or Trust Co.:

On behalf of: An Individual Business

To ensure accuracy, please attach a sample cheque, marked "Void" or, online Void cheque, when mailed or emailed to either of the above addresses.

Distribution: Budget _____ Benevolence _____ Other (specify) _____

Signature of Donor

_____/_____/_____
Date (dd/mm/yyyy)

I may revoke my authorization at any time, in writing or by phone subject to providing notice of minimum 30 days.

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.

For more information on your rights to cancel or your recourse rights, you can contact your financial institution or visit www.cdnpay.ca.