

Smythe Street Cathedral Pre-Authorized Debit (PAD) Agreement

1. Customer Information

Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code _____ Tel. # _____

Smythe Street Cathedral Offering Code
(Optional: 6 digit giving code + 4 digit envelope #)

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2. Bank Account Information

Deposit Account Number:

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Branch Transit

--	--	--	--	--	--

Financial Institution #:

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Name of Financial Institution: _____

Branch Address: _____

3. Pre-Authorized Debit (PAD) Details

You the Payor, authorizes Smythe Street Cathedral Inc. to debit the bank account identified above for \$ _____ on the
 1st or 15th of every month or the next business day. (please check box for date)

These services are for: Personal Use Business Use

You the Payor, may revoke your authorization at any time in writing either by mail or email to richard@smythestreetcathedral.com subject to providing a notice of 14 days. To obtain a sample of the cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

Signature of Account Holder:

Signature of Joint Account Holder:

Name: _____

Name: _____

Date: _____

Date: _____

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD agreement. To obtain more information on your recourse rights, contact your financial institution or visit cdnpay.ca.

When the form is complete, mail or fax along with a voided cheque to:

Smythe Street Cathedral
913 Smythe Street, P.O. Box 341
Fredericton, NB E3B 4Z9
Fax: 506-452-9952