

Smythe Street Church Pre-Authorized Debit (PAD) Agreement

1. Customer Information

Name: _____

Street Address: _____

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

Amount to be deducted each month & designated funds (example: \$300 – Tithe, \$50 – Missions. Total \$350)

2. Bank Account Information

Deposit Account Number: _____

Branch Transit: _____ Financial Institution #: _____

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:

(Choose one option)

the 1st of every month (or the next business day).

the 15th of every month (or next business day).

the 1st and 15th of every month (or next business days).

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@ssc.church 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 of 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 of visit cdnpay.ca.

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

Smythe Street Church
913 Smythe Street
Fredericton, NB E3B 3G8
Fax: 506-452-9952