

Pre-authorized Debit (PAD) Agreement

Payor's Name and Address – please print

Date: _____

I/We warrant and represent that the following information is accurate.

Mr. Mrs. Ms. Miss	Surname	First Name
Street		
City	Postal Code	Telephone Number
Spruce Grove Alliance Church Offering Envelope #		

Name of Payor's Financial Institution (the "processing Institution")	
Address (Street, City, Postal Code)	
Account Number	FI Transit Number (branch-5 digits; FI-3 digits)

Donation Scheduling

Withdrawal dates: 1st of each month 15th of each month Both

This donation is made on behalf of: ___ an Individual ___ a Business

Total contribution per P.A.D. Please debit my bank account (attach void cheque) as Indicated or the next business day.

Disbursements of Contributions:

General Fund \$ Global Advance \$

Canadian Ministries \$ Future Development \$

Other: (eg: Work of Missionary, Support of Missionary, Outfit for Missionary, Camp Nakamun, Ambrose University College, etc.)

_____ \$ _____ \$

_____ \$ _____ \$

I may revoke my authorization at any time, subject to providing notice of 10 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca

Payee's Name and Address

Name of Payee (the "Payee") Spruce Grove Alliance Church		
Address: 250 Century Road, Spruce Grove AB T7X 1W6		
Telephone: (780) 962-4700	Fax: (780) 962-2122	Email: office@sgac.net

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. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

I/We understand and accept the terms of participating in this PAD plan.

_____ Authorized Signature(s)

_____ Client(s) Name in Full