

Taber Christian Reformed Church

Address: 3902 Heritage Drive Taber Alberta T1G 1A2
Webpage: www.Tabercrc.org Deacons email: tabercrcdeacons@gmail.com

Pre-authorized Debit Agreement (PAD)

Name(s)	
Address	Phone Number
Financial Institution Name	Branch Address
^	
I / We authorize Taber Christian Reformed Church to electronically debit my/our bank account for contributions to the budget	
in the amount of \$ _____	
<input type="checkbox"/> Monthly <i>The debit will be processed to your account on the 18th day of each month or the next business day.</i>	
<input type="checkbox"/> Quarterly	
This donation is made on behalf of: <input type="checkbox"/> an Individual <input type="checkbox"/> a Business	
Signature(s):	Date:
Please attach a cheque marked VOID to this application and	
Return both items to: Deacons mailbox email: tabercrcdeacons@gmail.com	
<u>TERMS AND CONDITIONS</u>	

This authority is to remain in effect until Taber Christian Reformed Church has received written notification from me of its change or termination. This notification must be received **at least 30 days in advance of the next pre-authorized debit** at the address below. 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.cdnipay.ca.

I/We 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.cdnipay.ca