

PERSONAL PRE-AUTHORIZED DEBIT FORM (DONATIONS)

Please fill out the enclosed form and return it with a cheque marked "VOID" to the church office or the Information Desk.

When your request is processed, you will receive a confirmation letter indicating the date of your first automatic debit. Please allow seven business days for your transaction to be processed. Please watch your bank account to ensure that it is being debited appropriately.



Questions?
Deserée Wiebe
giving@cdac.ca
306-373-5445

Building Relationships
For Good



☐ New enrollment ☐ Change in authorization ☐ Cancellation of authorization as of _____ Month/Day/Year

1. Donor Information (Please print clearly) This donation is made on behalf of: ☐ an individual ☐ a business

Name(s) (if donation is from your business, indicate business name): _____
Mailing Address: _____
City: _____ Province: _____ Postal Code: _____
Email Address: _____ Telephone Number: _____
Giving Number: _____

2. Payment Date Options (Check ONLY ONE)

- ☐ On the last day of each week (Friday)
☐ On the last day of every second week (Friday) beginning the week of _____ Month/Day/Year
☐ On the first day of each month ☐ On the first and sixteenth day of each month

3. Fund Allocation

Please debit my/our bank account for the following fund(s) in the amount(s) of:

Tithe: \$ _____
Generosity: \$ _____
Other: _____ \$ _____
TOTAL: \$ _____

4. Account Information & Authorization

Branch/Transit No. Institution No. Account Number

I/we authorize Circle Drive Alliance Church to debit my/our bank account according to the terms above. I/we will ensure that funds are available to cover the amount of the withdrawal. My/our PAD Agreement may be modified at any time, provided written notice of at least seven (7) business days is given. I/we may revoke my/our authorization at any time, subject to providing notice of at least seven (7) business days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, I/we may contact my financial institution or visit: www.cdnpay.ca.

If Joint Account, all authorized signatures are required.

If this is only a cancellation of your authorization, please sign below to authorize that cancellation.

Signature of account holder Signature of joint account holder
Name (please print) Name (please print)
Date (Month/Day/Year) Date (Month/Day/Year)

You have certain recourse rights if any debit does not comply with these terms. For example, you have the right to receive a reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca. CIRCLE DRIVE CHURCH ACCEPTS GIFTS FOR THE PURPOSES IDENTIFIED. HOWEVER IF THE PROJECT IS FULLY FUNDED OR CANNOT BE COMPLETED, THE BOARD OF ELDERS WILL USE THE FUNDS FOR SIMILAR PROJECTS TO THOSE INDICATED.

Please return this completed form with a blank cheque marked "VOID" to: Accounting Office, Circle Drive Alliance Church 3035 Preston Ave S Saskatoon, SK S7T 1C2

OFFICE USE ONLY
DATE PROCESSED: _____
DLB EXC LET