

## Pre-Authorized Electronic Giving

### 1. Gifter Information (please print clearly):

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### 2. Bank Account Information:

Financial Institution Number (3 Digits): \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Financial Institution Branch Address: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Branch Transit Number: \_\_\_\_\_

### 3. Pre-Authorized Debit (PAD) Details

You, the Gifter, authorize Brookside Baptist Church and the financial institution designated to debit the bank account identified above monthly, on the 17<sup>th</sup> day of each month, beginning \_\_\_\_\_ (MM/YYYY), for the total regular debit amount of \$\_\_\_\_\_.

Of the total debit amount, You, the Gifter, wish to designate \$\_\_\_\_\_ to the Current Budget (Operating Fund), \$\_\_\_\_\_ to Missions Fund, and \$\_\_\_\_\_ to the Benevolent Fund.

You, the Gifter, may revoke your authorization at any time, subject to providing written notice of 15 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

Signature of Account Holder:

Signature of Joint Account Holder (if applicable)

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_  
(Please print)Name: \_\_\_\_\_  
(Please print)

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 this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

**Submit completed form to Treasurer folder/mail slot.**

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