



Summerside Community Church

Direct Debit Program Authorization Form

God loves a cheerful giver! (2 Corinthians 9:7)

I would like to: (check one) **Enroll in the program;** **Make a change**

(if requesting a change, just include your name, indicate the change you would like, and sign below)

I want to support Summerside Community Church Fellowship Baptist through monthly donations.

My Offering - Please debit my bank account for the following donation: (attach VOID Cheque)

General \$ _____ **Caring Fund \$** _____ **Building Fund \$** _____ **Total \$** _____ (please specify)

The debit will be processed to your account on the 5th day of each month or the next business day.

Donor (Payor) Information: (Please Print)

Envelope #: _____ Email: _____

Last Name: _____ First Name: _____

Street Address: _____ Telephone: _____

City/Town: _____ Postal Code: _____

Payee: Summerside Community Church Fellowship Baptist

1447 Commissioners Rd E London ON N6M 1C6 Telephone: (519) 680-3541

This agreement may be cancelled at any time by providing **Summerside Community Church Fellowship Baptist** notice in writing or orally (with proper authorization to verify the identity of the payor), 30 days prior to the next PAD being issued. In order to revoke this authorization, I/We must provide notice of revocation to **Summerside Community Church Fellowship Baptist**. For more information on my right to cancel a PAD, I may contact my financial institution or visit www.cdnpay.ca.

I/We have certain recourse rights. I/We may dispute this PAD under any of the following conditions:

- (a) the pre-authorization debit was not drawn in accordance with this Payor's PAD Agreement; or
- (b) this Payor's PAD Agreement was revoked; or
- (c) pre-notification was not received and such pre-notification is required under the terms of this Payor's PAD Agreement.

In order to be reimbursed, I/We acknowledge that a declaration to the effect that either (a) (b) or (c) took place, must be presented to our financial institution's branch up to and including 90 calendar days in the case of a personal PAD (or up to and including 10 calendar days in the case of a business PAD), after the date on which the PAD in dispute was posted to my/our account. After such time, I/We acknowledge that the dispute must be resolved solely between me/us and Summerside Community Church Fellowship Baptist.

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

Signature(s): _____ Date: _____