

PAD Agreement

Innerkip Presbyterian Church

Date: _____

I want to support Innerkip Presbyterian Church through recurring donations.

Please debit my bank account: (*attach VOID cheque*)

Debit frequency Weekly (Monday) ____ Bi-Weekly (Monday) ____ Monthly (1st day of the month) ____

Signature: _____

Donor Name: _____

Address/Contact Information _____

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

I may revoke my authorization at any time, subject to providing notice of two weeks. 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.payments.ca.

Innerkip Presbyterian Church
64 Blandford Street
Innerkip ON N0J 1M0
Tel: 519-469-3904
E-mail: bookkeeper@thriveatipc.com

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.payments.ca.