



Pre-authorized Debit Agreement (PAD)

PO Box 369
Acton, Ontario L7J 2M6
(519) 853-2121 www.actoncrc.com

I /we want to support Bethel Christian Reformed Church of Acton through monthly budget donations using the PAD system. Please debit my bank account as follows.

- New participant (**attach a VOIDED cheque**) Existing participant (**see changes below**)

Please indicate the monthly amount *	
\$	Budget and Ministry Shares
\$	Other offering causes as per bulletin **
<p>* To calculate your monthly amount(s) divide your annual giving by 12 or multiply your weekly amount by 52, then divide by 12. **Optional - Fixed monthly amount for other causes in addition to Budget offering as per weekly bulletin.</p>	
<p>The debit amount will be processed to your account on the 15th of each month or the next business day. Payment Type: Monthly contributions are made on behalf of an individual(s) as a Personal PAD. I/we waive any and all requirements for pre-notification of debiting. I/we agree to notify the treasurer no later than 5 working days prior to the 15th of the month of any banking changes. This PAD agreement is administered by a third party service provider, Rotessa. More information is available at www.rotessa.com Please ensure your account has sufficient funds to prevent reversing charges.</p>	

Donor Name: _____

Address: _____

Email: _____ Tel: _____

Envelope Number (if assigned): _____

Signature(s): _____ Date: _____

I may revoke my authorization at any time, subject to providing notice of no less than 20 days. Contact the church office at (519) 853-2121 or office@actoncrc.com to initiate this process. To obtain a sample cancellation form, or for more information on my right to cancel this PAD agreement, I may contact my financial institution or visit www.cdnpay.ca

I have certain recourse rights if any debit does not comply with this agreement. For example, I have rights 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.cdnpay.ca

Do not fill in this section, for church use only

Above Information is complete PAD Start Date: _____ Returned Signed Copy

Authorized Signature: _____ Date: _____