



Bethesda Church

1350 Grant Avenue
Winnipeg, MB, R3M 2A7
(204) 987-2890

Pre-Authorized Debits (PAD) Donation Agreement Form

Authorization Agreement

I want to support Bethesda Church through monthly donations as designated below:

General Fund: \$ _____

Missions Fund: \$ _____

Total: \$ _____

This donation is made on behalf of:

an individual: _____

a business: _____

I hereby authorize Bethesda Church to initiate monthly automatic debits (i.e., withdrawals) from my account on the 15th day of the month or the next business day.

Further, I agree not to hold Bethesda Church responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Bethesda Church receives a written notice of cancellation from me or my financial institution, or until I submit written notice to change or cancel to the Bethesda office. I understand that I must give notice at least 30 days in advance of any change or cancellation.

Donor Name: _____

Signature: _____

Donor Address: _____

Date: _____

Envelope No. (if known): _____

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.cdnpay.ca.

Account Information

Name of Financial Institution: _____

Transit/Routing No. (5 digits): _____

Financial Institution No. (3 digits): _____

Account No.: _____

Please attach a voided check or deposit slip and return this form to the Bethesda Church Office.
Feel free to contact the Treasurer with any question or concerns.