



Shawnigan Alliance Church

Office Use: Member Number _____

Growing closer to the heart of God – Going to the Centre of the community

Pre-authorized Debit Agreement (PAD)

Thank you for choosing this automated donation process. There are some steps to follow to get you started. **Please ensure that you place a check mark, or information within the yellow boxes where indicated.** If you have any questions you can contact the church office at 250 743 4454. We hope you find that this is a convenient way to make monthly, or twice monthly donations. We are grateful for your offerings that you have prayerfully considered. Thank you for giving.

Payee: **Shawnigan Alliance Church**

Step 1 – Provide Account Information Please													
Payor: (Account Holder's Name(s))													
Financial Institution Name:													
Financial Institution Number:													
Branch Address:													
Account Type: (check one)	<input type="checkbox"/>	Chequeing						<input type="checkbox"/>	Savings				
Account Number:													
Branch Transit Number:													
PAD Details													
You the Payor authorize Shawnigan Alliance Church to debit the bank account identified above for \$ <input type="text"/> on the 1st and/or 15th day of each month (circle one or both)													
Indicate that your donation is:	<input type="checkbox"/>	Personal					or	<input type="checkbox"/>	Business				
You the Payor may revoke you authorization at any time, <u>subject to providing notice of 20 days</u> . 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 .													
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 .													
Step 2 – Please Sign													
_____						_____							
(Signature of Account Holder above)						(Signature of Joint Account Holder, if appropriate)							
_____						_____							
(Printed name above)						(Printed name above)							
_____						_____							
(Date)						(Date)							
Step 3 – Please Attach a Void Cheque													

Please return to:

Box 313 1603 Wilmot Ave. Shawnigan Lake BC V0R2W0

Phone 250 743 4454 Email sac@shawniganalliance.org

Web shawniganalliance.org

You may also place this form, in an envelope, in the communication centre "secretary"