

New City Church Newmarket Pre-Authorized Debit (PAD) Agreement

I/We authorize New City Church Newmarket to debit my bank account for:

Mission or Project: _____

Donation amount: _____

Frequency (circle your choice): Semi-monthly Monthly Other _____

On the 1st , 15th , 20th , 28th (circle your choice) day of each and every consecutive month.

Start date: _____ End date: _____

Donor Name: _____

Address: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

These services are for (check one): _____ personal use _____ business use.

Bank Account Information

Bank Transit Number

Route

Account Number

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Financial Institution Name: _____

Branch Address: _____

Please attach a void cheque to this application and mail to:

New City Church Newmarket, Attention: Treasurer

1110 Stellar Drive, Unit #110

Newmarket, ON, L3Y 7B7

Email: bookkeeper@newcitynewmarket.ca

This authority is to remain in effect until New City Church Newmarket has received written notification from me of its change or termination. This notification must be received at least 30 days in advance of the next pre-authorized debit at the address above. 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.cdnpay.ca

I/We 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 Pre-Authorized Debit Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.