



Capilano Christian Community

P.O. Box 86985 Station Main
North Vancouver, B.C. V7L 4P6
(604) 980-8997
cathy@capchurch.ca www.capchurch.ca

Pre-authorized Debit (PAD) Agreement

I/We want to support Capilano Christian Community Society through regular pre-authorized donations.

Donor Name: _____

Donor Signature: _____ Todays Date: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____ Email address: _____

Please debit my bank account. Here's my VOID cheque (please tape below)



Check one: Please debit a donation on the 1st or 15th of each month.

Each donation amount will be \$_____.

Transaction Date: From ____/____/____ To: ____/____/____ or *when advised*.
mm dd yyyy mm dd yyyy

Check one: This donation is made on behalf of an individual or a business.

Capilano Christian Community agrees with the fine print that VanCity Credit Union requires us to communicate. This authority is to remain in effect until Capilano Christian Community has received written notification from me/us of its change or termination. This notification must be received at least thirty (30) calendar days before the next debit is scheduled at the address provided above. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca. Or simply contact CapChurch and we will correct any errors.

By signing above, I/We understand and accept the terms of participating in this PAD plan.