

# Capilano Christian Community

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[www.capchurch.ca](http://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 ☐ 1<sup>st</sup> or ☐ 15<sup>th</sup> 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](http://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](http://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.