Heartland
ALLIANCE CHURCH

53105 Hwy 21, Sherwood Park, AB T8A 4T7 | Phone: 780-467-7005, Fax: 780-467-6572

Please print form, complete, sign and return to the Church Office with a void cheque.

Pre-Authorized Debit (PAD) Agreement

1. Customer Information (Please Print Clearly)

Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____

2. Bank Account Information (Please Print Clearly)

** PLEASE ATTACH A VOID CHEQUE **

Deposit Account Number: | | | | | | | | | | |

Branch Transit Number: | | | | | |

Financial Institution Number: | | | |

Chequing Account: ☐ Savings Account: ☐

Financial Institution: Name: _____

Branch Address: _____

_____

3. Pre-Authorized Debit (PAD) Details (Please Print Clearly)

You, the Payor, authorize **Heartland Alliance Church** to debit the bank account identified above for distribution as follows:

		Please *CIRCLE* applicable date(s)			Please *CIRCLE* applicable date(s)
General Fund	$_____	(1st | 16th)	Benevolent Fund	$_____	(1st | 16th)
Building Fund	$_____	(1st | 16th)	Other (please specify)		
Global Advance	$_____	1st | 16th)	_____	$_____	(1st | 16th)
Canadian Ministries	$_____	(1st | 16th)	_____	$_____	(1st | 16th)

Please indicate on which day you wish this PAD to start _____, 20____.

You, the Payor, may revoke your authorization at any time in writing subject to providing notice of 30 days. This is a personal PAD. For more information on your right to cancel a PAD Agreement or to obtain a sample cancellation form contact your financial institution or visit www.cdnpay.ca.

Signature of Account Holder:

Name: _____
(Please Print Clearly)

Date: _____
(Please Print Clearly)

Signature: _____

Signature of Joint Account Holder (if applicable):

Name: _____

Date: _____

Signature: _____

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 your recourse rights, contact your financial institution or visit www.cdnpay.ca.