

**Pre-Authorized Debits (PADS) Rule H1  
Payor's PAD Agreement - Mandatory and Supplementary Elements**

**Pre-authorized Debit (PAD) Agreement**

**Bramalea Church of Christ**

**Date:** \_\_\_\_\_

**I want to support Bramalea Church of Christ through weekly donations.**

**Please debit my bank account: (attach VOID cheque)**

\_\_\_\_\_ \$25    \_\_\_\_\_ \$50    \_\_\_\_\_ \$75    Other Amount \_\_\_\_\_ (specify)

*The debit will be processed to your account every first business day of the week.*

Signature:

\_\_\_\_\_

Donor Name:

\_\_\_\_\_

Address/Contact Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This donation is made on behalf of:**    \_\_\_\_\_ **an Individual**    \_\_\_\_\_ **a Business**

I may revoke my authorization at any time, subject to providing notice of 15 days. 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](http://www.cdnpay.ca).

Bramalea Church of Christ  
750 Clark Blvd.  
Brampton, ON, L6T 3Y2  
Tel: 905-792-2297  
Email: [mail@bramaleacofc.ca](mailto:mail@bramaleacofc.ca)

I have certain recourse rights if any debit does not comply within this agreement. For example, I 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 my recourse rights, I may contact my financial institution or [visit www.cdnpay.ca](http://www.cdnpay.ca).