



MILL WOODS  
ASSEMBLY  
A place for you!

# PRE-AUTHORIZED DEBIT AGREEMENT

Date: \_\_\_\_\_  
Day / Month / Year

I want to support Mill Woods Assembly through monthly donations. Please debit my bank account monthly and designate my donation as follows:

General Fund	\$ _____
Building Fund	\$ _____
Missions Fund	\$ _____
TOTAL	\$ _____

The debit will be processed to your account on the 18th day of each month or the next business day.

This donation is made on behalf of an:  individual  business

Donor Name: \_\_\_\_\_ Tithe #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address

City Province Postal Code

Daytime Phone: \_\_\_\_\_

email: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please attach a void cheque or complete the following:**

Deposit Account #:  Branch Transit #:

Financial Institution #:   Chequing  Savings

Financial Institution Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

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).



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I 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 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).