

Pre-authorized Debit (PAD) Agreement for
Next Christian Community

Date: _____

I wish to support Next Christian Community through monthly donations.

Please debit my bank account by \$ _____ (Amount). Please attach a blank cheque or bank debit form or your banking information as follows: Bank Transit (5 digits) _____ Bank # _____ A/C # _____
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I would like the debit processed to my account on the _____3rd day, or the _____18th day (check either or both dates) of each month or the next business day. (If both, please specify the exact amount on each date.)

I am aware that the standard written 10 day pre-notification period notice will be waived.

Donor name: _____ Signature _____

Contact information: Address/e-mail/phone # _____

This donation is made on behalf of: an individual _____, a business _____

Next Christian Community

490-140 St. Albert Road

St. Albert, AB. T8N 7C8

780-458-1880

E-mail: donations.nextcc@gmail.com

I may revoke my authorization at any time, subject to providing written notice 20 days before the next scheduled debit. I have certain recourse rights if any debit does not comply with this agreement. For example, I have a right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. 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

Please retain a copy of this form for your files.