

Personal Pre-Authorized Debit (PAD) Donation Authorization



Authorization Information

I/We hereby authorize the bank/financial institution named below to debit my/our Canadian dollar account each month and provide the payments to First Alliance Church. The monthly debit to my/our account is scheduled for the 15th day of each month. If the 15th day of the month falls on a weekend or holiday, the debit will occur on the first business day following the 15th of the month.

Option to Cancel or Change this Authorization at Any Time

I/We may cancel this authorization at any time, by providing written notice to First Alliance Church. I/We will provide ten (10) days notice to First Alliance Church of the details of any changes in the pre-authorized bank account below (in the event of a change in bank accounts, etc.).

Authorization for the First Alliance Church's Bank (TD Canada Trust)

Receipt of this authorization by the First Alliance Church constitutes delivery by me/us to the bank or financial institution named below. I/We affirm that all persons whose signatures are required to authorize withdrawals from the account below have signed this authorization. I/We agree that the information contained in this authorization may be disclosed to TD Canada Trust as required to complete any pre-authorized debit transaction.

Recourse/Reimbursement Statement

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 debit that is not authorized or is not consistent with this personal PAD Agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.payments.ca.

My Name _____ Phone # _____

Home Address _____
(Street, City, Province, and Postal Code)

Bank Account # _____ Bank / Financial Institution _____

Branch Address _____
(Street, City, Province, and Postal Code)

Indicate below the donation you would like to make to the following fund(s):

General Fund \$ _____ Benevolent Fund \$ _____ Missions Fund \$ _____

Refugee Fund \$ _____ Memorial and Own the Impact Fund \$ _____

Total amount of Pre-Authorized Debit Donation \$ _____ Date to Commence _____ / _____ (mm/yy)

Authorized Signature

Second Authorized Signature (if needed)

Date Signed

Date Signed

Please attach a voided, blank cheque to this completed form.