



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

## PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

I want to support Rock of the Valley Community Church Inc. through monthly donations.

Donor Name: \_\_\_\_\_

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

City & Prov.: \_\_\_\_\_

**Please debit my bank account:** (Attach void cheque)

\$25    \$50    \$75    \$100    Other Amount \_\_\_\_\_

**Frequency/Dates:**

Weekly beginning \_\_\_\_\_

Bi-Weekly beginning \_\_\_\_\_

Monthly beginning \_\_\_\_\_

Other (specify intervals or set dates) \_\_\_\_\_

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

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

You may revoke your authorization at any time, subject to providing notice of 10 business days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, you may contact a Rock of the Valley Community Church Inc. board member, your financial institution, or visit [www.cdnpay.ca](http://www.cdnpay.ca)

Rock of the Valley Community Church Inc.  
10 Short Street  
P.O. Box 336  
Lumsden, SK – S0G 3C0  
Tel: (306) 731-2301  
Email: [rotvlumsden@gmail.com](mailto:rotvlumsden@gmail.com)

*The donor has certain rights if any debit does not comply with this agreement. For example, you have right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)*