

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT				
1. Personal Information (Please Print Clearly)				
Name:				
Street Address:				
City:		Prov	vince:	Postal Code:
Telephone Number:		Ema	ail:	
2. Bank Account Information (please complete OR attach a VOID cheque)				
Account Number: (may require more or fewer digits)			Branch Transit Number:	
Financial Institution Number:				
Financial Institution Name:				
Branch Address:				
3. Pre-Authorized Debit (PAD) Details				
I, the Payor, authorize The Grove Church to debit the bank account identified as per my/our instructions for regular monthly donations.				
I wish the deduction of \$ to be taken from the bank account identified on the following date(s) (please circle):				
1 st of the month 15 th of the month 28 th of the month				
or - Bi-weekly, beginning on (date)				
or - Other (please specify):				
This authority is to remain in effect until The Grove Church has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled. I/we may obtain a sample cancellation form or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.				
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 PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.				
4. Authorized Signature				
Account holder/Authorized Signature:				
Date:				
When the form is complete, hand deliver, email, or mail to: The Grove Church 20784 93 Ave				
Langley, BC, V1M 2W5 Email: GroveChurchBC@gmail.com				