



## Pre-Authorized Debit Agreement

### Payor's Information (Please print)

Payor's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Withdraw Date:  15<sup>th</sup>  Both

General: \$\_\_\_\_\_ Capital: \$\_\_\_\_\_

Last day of the month

Missions: \$\_\_\_\_\_

### Payor's Financial Institution Information (Please print)

Name of financial institution: \_\_\_\_\_

Financial institution number: \_\_\_\_\_ Transit number: \_\_\_\_\_

Account number: \_\_\_\_\_

### Pre-Authorized Debit Details

You, the Payor, authorize **New Hope Church Niagara** to debit the bank account identified above for \$\_\_\_\_\_ on the \_\_\_\_\_ day of each month or the next business day. You, the Payor, confirm that you have the authority under the terms of your account agreement to authorize this debit.

These services are for (check one) – Personal \_\_\_\_\_ Business Use \_\_\_\_\_

You, the Payor, may revoke your authorization at any time in writing, subject to providing notice of no less than 14 days prior to the scheduled payment date stated above. To obtain a sample cancellation form, or for more information on your right to cancel a PAD agreement, contact your financial institution or visit [www.payments.ca](http://www.payments.ca). **New Hope Church Niagara** may also cancel this PAD agreement on not less than 14 days written notice to you.

Signature of Account Holder: \_\_\_\_\_

Signature of Joint Account Holder (if applicable): \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

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

You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 any recourse rights, you may contact any financial institution or visit [www.payments.ca](http://www.payments.ca).