

Bethel Community Church

Pre-authorized Debit Agreement (PAD)

(see pg 2 for some helpful tips on completing this agreement)

Name(s)	
Address	Phone Number
Financial Institution Name	Branch Address

Please check one: _____ this is a new application (attach a VOID cheque)
_____ this is a revised application

I / We authorize Bethel Community Church to electronically debit my/our bank account for contributions to the following funds. The amount listed is per transaction (i.e. if you list \$10 and select dates 1st and 15th, this will be two withdrawals of \$10 each per month):

Bethel Ministries and Missions (Budget)\$ _____
Fund name _____\$ _____
Fund name _____\$ _____
Fund name _____\$ _____

Attached a list for any further funds you wish to contribute to.

The withdrawal will occur every month on this day. Circle your choice(s) of date. If you want to contribute multiple times a month, please select multiple dates.

1st 5th 10th 15th 20th

Date of first transfer _____
(if left blank, it will default to the first available processing date based on your selections above)

These services are for (check one) _____ personal use _____ business use

I/We authorize Bethel Community Church to increase contributions to the cause(s) listed above by:

- I would like to increase my donation by _____% each year hereafter
- I would like to increase my donation by \$_____ each year hereafter

Signature(s):	Date:
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Please attach a cheque marked VOID to this application

Return both items to: Bethel Community Church, Attention: Accounting
email: accounting@discoverbethel.com (preferred)
mail: 14204-25 Street NW, Edmonton, AB T5Y 1G5

TERMS AND CONDITIONS

This authority is to remain in effect until Bethel Community Church has received written notification from me of its change or termination. This notification must be received **21 - 30 days in advance of the next pre-authorized debit** at the address noted. 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.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I 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 my recourse rights, I may contact my financial institution or visit www.cdnpay.ca

Tips for Filling out the Pre-Authorized Debit Agreement (PAD/EFT)

1. The PAD program allows you to make donations by PAD to any cause, as long as your donation is:
 - a. to the same cause every month
 - b. for the same amount every month
2. Because of limitations in the PAD system, please note:
 - a. Each cause will be a separate withdrawal from your bank account.
 - b. You do not need to include a cheque marked VOID for each cause; just one cheque marked VOID will be fine.
3. Please choose a “date of first transfer” about 21-30 days from when you submit your new or revised application
4. If you have never filled out one of these forms before, please fill it out completely and return it to the church office or scan and email accounting@discoverbethel.com. Be sure to attach a cheque marked VOID.
5. If you are revising a previous application, you do not need to attach a cheque marketed VOID unless your bank account has changed. Indicate: name, address, phone #, Amount, and IF your date is changing indicate the withdrawal date. Return it to the church office or scan and email accounting@discoverbethel.com.
6. For questions regarding completion of this form, please contact email accounting@discoverbethel.com.