

IMMANUEL FELLOWSHIP BAPTIST CHURCH
2950 Blue Jay Street, Abbotsford BC V2T 5P5
Phone: (604) 852 4746 Email: office@immanuelonline.ca

PRE-AUTHORIZED DONATION PLAN – AUTHORIZATION FORM/AGREEMENT

I/We hereby authorize Immanuel Fellowship Baptist Church to process a periodic withdrawal in the amount of \$_____ (total amount of each withdrawal) from my/our bank account on the following day(s) of each month (select one option below):

- Every Monday (weekly)
- Every second Monday (bi-weekly)
- 15th and end of the month (semi-monthly)
- 10th of the month (monthly)

(or the next business day), commencing on ____ / ____ / _____ (dd/mm/yyyy).

I/We have attached a “VOID” cheque for the account from which I/we wish to have the funds withdrawn. This periodic donation is to be designated in the following manner:

General fund	\$ _____
Other designation (please specify):	
_____	\$ _____
_____	\$ _____
_____	\$ _____

Donor Name: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Signature: _____ Date: _____

Important! Please attach a cheque marked “VOID”

Legal Information

- I may change the amount of my contribution or revoke my contribution at any time, subject to providing notice of 10 days via email or letter.
- I may revoke my authorization at any time, subject to providing notice of 10 days via email or letter. 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 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.
- Per the Canadian Payments Association rules, 10 calendar days’ written notice is to be given by Immanuel Fellowship Baptist Church to the donor, prior to the date of the first debit to the donor’s bank account. I/we waive the 10 day pre-notification right to debit my/our bank account.

Please print this form, sign it, attach a blank void cheque and place it in the offering on Sunday morning, or mail it to the church treasurer, care of the church office at the above address.