



# Beaverlodge Alliance Church

409 - 10<sup>th</sup> Street, Box 7  
Beaverlodge, Alberta  
T0H 0C0

Phone: (780) 354-2036 Fax: (780) 354-3031  
Financial Secretary Email: [bacacc@telus.net](mailto:bacacc@telus.net)

## PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

### Donor Information:

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

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

I (we) choose to donate on a regular basis to the Beaverlodge Alliance Church using the monthly payments by direct debit option as outlined in the below donation schedule.

I (we) hereby authorize the Beaverlodge Alliance Church, also known as The Church of the Christian Missionary Alliance, to debit my (our) bank account as identified below. Donations will be processed by the financial secretary prior to the authorized date of payment and will be taken out of the authorized account on the date indicated below as the payment date.

I (we) may cancel this authorization at any time, subject to providing the bookkeeper at Beaverlodge Alliance Church with a minimum of 7 days written notice.

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 debit that is not authorized or is not consistent with this PAD agreement. To obtain more information of my (our) recourse rights, I (we) may contact my (our) financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

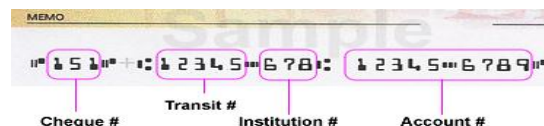
### Bank Information: *(Please complete banking information below or attach a void cheque)*

Bank Transit # (5 digits) \_\_\_\_\_

Bank (Institution) # (3 digits): \_\_\_\_\_

Bank Account #: \_\_\_\_\_

Name on Account: \_\_\_\_\_



### Donations are to be applied as follows:

Current Expenses	\$ _____
Foreign Missions	\$ _____
Home Missions	\$ _____
Building Fund	\$ _____
Special (designate: _____)	\$ _____

### Please choose only one of the following date options:

- 5<sup>th</sup> day of each month
- 20<sup>th</sup> of each month

### This debit authorization is in effect until:

- Until I request a change or cancellation
- From \_\_\_\_\_ to \_\_\_\_\_

Name \_\_\_\_\_  
(please print)

Signature \_\_\_\_\_

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

Please return completed form with a **blank cheque marked "void"** to:  
Beaverlodge Alliance Church  
Attention: Financial Secretary

Donations are for:  
 business  
 personal