

CrossTrainers Canada Pre-authorized Debit (PAD) Agreement

I want to support CrossTrainers Canada through monthly donations.

Please debit my bank account (please attach a void cheque):

_____ \$25 _____ \$50 _____ \$100 Other amount _____ (specify)

I would like the debit processes on the 1st _____ 15th _____ day of the month (please check)

Starting month: _____ Designated for: (missionary/ministry/general) _____

Signature: _____ Date signed: _____

Donor Name: _____

Address: _____ Apt/Box #: _____

City: _____ Province: _____

Postal code: _____ Phone: _____

I may revoke my authorization at any time, subject to providing 2 weeks notice. 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

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