



## Full Gospel Church Pre-Authorized Debit Agreement

☐ New enrollment    ☐ Change in authorization    ☐ Cancellation of authorization as of \_\_\_\_\_  
Month/Day/Year

### 1. Donor Information *(Please print clearly)*

This donation is made on behalf of: ☐ an individual    ☐ a business

Name(s) (if donation is from your business, indicate business name): \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Envelope Number: \_\_\_\_\_

### 2. Payment Date Options *(Check ONLY ONE)*

- ☐ On the **fourth** day of each **week** (Wednesday)  
☐ On the **fourth** day of every **second week** (Wednesday) beginning the week of \_\_\_\_\_ Month/Day/Year  
☐ On the **first** day of each **month**                      ☐ On the **first and sixteenth** day of each **month**

### 3. Fund Allocation

Please debit my/our bank account for the following fund(s) in the amount(s) of:

Tithe/General: \$ \_\_\_\_\_

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

Other: \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

### 4. Account Information & Authorization *(please provide the following numbers OR provide a blank cheque marked "void")*

\_\_\_\_\_  
Branch/Transit No.

\_\_\_\_\_  
Institution No.

\_\_\_\_\_  
Account Number

I/we authorize Full Gospel Church to debit my/our bank account according to the terms above. I/we will ensure that funds are available to cover the amount of the withdrawal. My/our PAD Agreement may be modified at any time, provided written notice of at least seven (7) business days is given. I/we may revoke my/our authorization at any time, subject to providing notice of at least seven (7) business days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, I/we may contact my financial institution or visit: [www.payments.ca](http://www.payments.ca).

**If Joint Account, all authorized signatures are required.**

\_\_\_\_\_  
Signature of account holder

\_\_\_\_\_  
Signature of joint account holder

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

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

\_\_\_\_\_  
Date (Month/Day/Year)

\_\_\_\_\_  
Date (Month/Day/Year)

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 your recourse rights, contact your financial institution or visit [www.payments.ca](http://www.payments.ca).

Please return this completed form with a cheque marked "Void" (if applicable) to:  
Full Gospel Church, 2256 Larry Uteck Blvd. Bedford, N.S. B4B 1E3 Attn: Office  
email: [info@fgchalifax.ca](mailto:info@fgchalifax.ca) Fax: (902) 444-3063 Phone: (902) 454-7361

OFFICE USE ONLY

DATE PROCESSED: \_\_\_\_\_

2019.06.15