



RiverCross Church  
61 Forbes Drive  
Saint John NB E2K 0H7

## Preauthorized Debit (PAD) Giving Form

Personal PAD for charitable donations

### Information about donor

|      |       |         |       |
|------|-------|---------|-------|
| Name | _____ | Address | _____ |
|      |       |         | _____ |
|      |       |         | _____ |

### Donor's banking information (please attach a VOID cheque or fill in the following)

|              |       |                    |       |
|--------------|-------|--------------------|-------|
| Name of bank | _____ | Institution number | _____ |
| Bank address | _____ | Transit number     | _____ |
|              | _____ | Account number     | _____ |

### Information about preauthorized donation

| Amount           |       | Frequency (please check one) |                          |
|------------------|-------|------------------------------|--------------------------|
| Our Church       | _____ | Weekly (Wed)                 | <input type="checkbox"/> |
| Capital Campaign | _____ |                              |                          |
| World Missions   | _____ | Biweekly (Wed)               | <input type="checkbox"/> |
| Other            | _____ |                              |                          |
| Other            | _____ | Monthly (8th)                | <input type="checkbox"/> |
| Total            | ===== |                              |                          |

Effective \_\_\_\_\_ I/We hereby authorize RiverCross Church to transfer \$ \_\_\_\_\_ from my/our bank account, at the frequency noted above. I/We may cancel my/our authorization at any time, subject to providing notice of 30 days. I/we are able to obtain a sample cancellation form or further information on my/our right to cancel the PAD agreement at my financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca). 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 on my/our recourse rights, I/We may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of second account holder (if required)

\_\_\_\_\_  
Date