



Request for a periodic Electronic Fund Transfer to The Meeting Place Inc.

I want to support The Meeting Place Inc. through periodic donations as indicated below.

Please direct my support to (please tick):

- Christ Central Church* in Fredericton
- Christ Central Church* in Halifax
- Christ Central Church* in Charlottetown
- Kids Club*
- Apostolic Ministry*

Please debit from my **bank account** (attach a void cheque) the amount of \$ _____

- on **1st of every month**
- on **15th of every month**
- on **1st AND 15th of every month**

Note: You may choose to donate once a month either on the first or fifteenth of the month by checking one applicable box. **Or** you can donate your specified amount **twice** a month by checking the box 'on 1st AND 15th of every month'.

This donation is made on behalf of (please tick): **an individual** **a business**

Signature: _____ Date: _____

I may revoke my authorization at any time, subject to providing 30 days 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.

As an alternative to attaching a void cheque, please complete the following:

DONOR'S FULL NAME:
MAILING ADDRESS:
TELEPHONE:
EMAIL ADDRESS:
NAME OF FINANCIAL INSTITUTION (FI):
FI Account Number: _____
FI Transit Number: _____ - _____ (branch -5 digits; FI – 3 digits)
City/Town: _____ Province: _____ Postal Code: _____