

Pre-Authorized Debit (PAD) Agreement

Please Debit my bank account:

- Once Per Month (on the 15th of the month, or next business day)
 Twice per Month (on the 1st and 16th day of the month, or next business day)
 Change my existing PAD (effective date: _____)
 Cancel my existing PAD (effective date: _____)

In the amount of: \$50 \$100 \$250 \$500 Other \$_____ (specify)

PLEASE PRINT

Payer Name(s):		
Type of Account (circle one):	Personal	Business
Address:		
Phone Number:		

Financial Institution (FI)/Banking Information (Please attach a void cheque or printout from your financial institution):		
Branch # (5 numbers):	Institution # (3 numbers):	Account Number:
_____	_____	_____
Name of Financial Institution:		
Branch:		
Branch Address:		
Authorized Signature(s):		

I may revoke my authorization at any time, subject to providing notice of 14 days. To obtain a cancellation form, I will contact the KGF Office. 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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