THE EXCHANGE CHURCH
AUTOMATIC BANK WITHDRAWAL FORM

If you would like to give regularly by Pre-Authorized Debit (PAD) from your bank account, please complete this form and email it to our Finance Team at finance@theexchangechurch.com. If you need to change or cancel your agreement, please email the Finance Team. All changes will take 5 business days to process.

DONOR INFORMATION		
First & Last Name		
Address		
City	Province	Postal Code
Phone	Email	

FUND ALLOCATION

Please specify the amount and which fund(s).

General Fund	$
Care Fund	$
Missions Fund	$
Building Fund	$
Total	$

COMMENCE DATE

Please Note: *All reoccurring payments will be withdrawn on the 3rd of each month, or the following business day*

What is the first date of withdrawal?

MM / DD / YYYY

ACCOUNT INFORMATION		
First & Last Name(s) of Account Holder(s)		
Financial Institution Name (where account is located)		
Account Number	Institution Number	Transit Number

AUTHORIZATION OF WITHDRAWAL

◯ **I've included a blank cheque marked VOID.** I authorize The Exchange Church to withdraw the total amount I have specified in the fund allocation from the account number on the cheque provided, beginning on the reoccurring payment date that is indicated above.

◯ I have received a copy of this agreement and waive all other confirmation before the first payment.

I hereby consent to the disclosure of the information contained in my PAD enrolment agreement to the financial institution, provided such information is directly related to and required for the smooth application of the rules governing PADs.

SIGNATURE OF ACCOUNT HOLDER(S):	
NAME:	**NAME:**
SIGNATURE:	**SIGNATURE:**

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CHANGE OR CANCELLATION

I shall inform the Payee, in a timely manner, of any changes to this agreement.

I retain the right to revoke my authorization at any time, with a pre-notification of 5 business days prior to the next due date of the PAD. To obtain more information on my right to cancel a PAD agreement, I may contact my financial institution or visit www.cdnpay.ca. To change or cancel, please email our Finance Team at finance@theexchangechurch.com.

REIMBURSEMENT (PAD AGREEMENT)

I have certain rights of recourse if a debit does not comply with the terms of this PAD Agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or that is not compatible with the terms of this PAD Agreement. For more information on my rights or recourse, I may contact my financial institution or visit www.cdnpay.ca.