

Please complete the Pre-Authorized Debit (PAD) Agreement Below

I/we authorize **St John Chrysostom Russian Orthodox Church of Calgary** (hereafter, the **Payee**) and the financial institution designated to begin deductions as per my/our instructions for monthly regular recurring payments of the specified amount to the **Payee** account.

\$25 **\$50** **\$75** Other amount \$ (*specify*)

Regular monthly payments for the amount of CAD\$_____ delivered will be debited to my/our specified account **on the 20th day of each month**. The **Payee** will provide **10 days prior written notice** of the amount of each regular debit (by e-mail or mobile text message).

The **Payee** will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until the **Payee** has received written notification from me/us of its change or termination. This notification must be received at least **twenty (20) business days** before the next debit is scheduled at the e-mail orthodox.calgary@gmail.com. I/We may obtain a sample cancellation form on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

The Payee may not assign this authorization, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us (by e-mail or mobile text message).

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 PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

PLEASE PRINT

My name(s):

St John Chrysostom Russian Orthodox Church of Calgary
14608 Macleod Trail SE, Calgary, AB, Canada, T2X 1Z7

Account Number: 0000 000 217 011 600

My address:

City/Town:

Province:

Postal Code:

Cell phone number:

Home phone number:

ATTACH VOID CHEQUE OR PRINT:

Name of Bank / Financial Institution (FI):

FI Account Number:

FI Transit Number:

(branch -5 digits; FI - 3 digits)

Bank /FI address:

City/Town:

Province:

Postal Code:

Authorized Signature(s):