

**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](mailto: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](http://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](http://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):