

West End Christian Reformed Church

Pre-authorized Debit Agreement (PAD)

(see pg 2 for some helpful tips on completing this agreement)

Name(s)				
Address	Phone Number			
Financial Institution Name	Branch Address			
Please check one: _____ this is a new application (attach a VOID cheque) _____ this is a revised application				
I / We authorize West End Christian Reformed Church to electronically debit my/our bank account for contributions to the following funds. The amount listed is per transaction (i.e. if you list \$10 and select dates 1 st and 15 th , this will be two withdrawals of \$10 each per month):				
WECRC Ministries (Budget)\$ _____			
Fund name _____\$ _____			
Fund name _____\$ _____			
Fund name _____\$ _____			
Attached a list for any further funds you wish to contribute to.				
The withdrawal will occur every month on this day. Circle your choice(s) of date. If you want to contribute multiple times a month, please select multiple dates.				
1 st	5 th	10 th	15 th	20 th
Date of first transfer _____ (if left blank, it will default to the first available processing date based on your selections above)				
These services are for (check one) _____ personal use _____ business use				
I/We authorize West End Christian Reformed Church to increase my/our contributions to the cause listed above by:				
<input type="checkbox"/> I would like to increase my donation by _____% each year hereafter				
<input type="checkbox"/> I would like to increase my donation by \$_____ each year hereafter				
Signature(s):	Date:			
Please attach a cheque marked VOID to this application				
Return both items to:	West End Christian Reformed Church email: give@westendcrc.ca mail: 10015 - 149 Street NW, Edmonton, AB T5P 4Y4 in person: church office			

TERMS AND CONDITIONS

This authority is to remain in effect until West End Christian Reformed Church has received written notification from me of its change or termination. This notification must be received **21 - 30 days in advance of the next pre-authorized debit** at the address noted. 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/We 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

Tips for Filling out the Pre-Authorized Debit Agreement (PAD/EFT)

1. The PAD program allows you to make donations by PAD to any cause, as long as your donation is:
 - a. to the same cause every month
 - b. for the same amount every month

2. One of the options is to make PAD donations to “Weekly Causes”.
 - a. This option allows you to make a donation in a lump sum to all of the weekly collection causes.
 - b. At the end of the month, our bookkeeper will sum up all donations to “Weekly Causes”, and will divide them equally between the various causes for that month, not including the Budget.

3. Because of limitations in the PAD system, please note:
 - a. Each cause will be a separate withdrawal from your bank account.
 - b. You do not need to include a cheque marked VOID for each cause; just one cheque marked VOID will be fine.

4. Please choose a “date of first transfer” about 21-30 days from when you submit your new or revised application

5. If you have never filled out one of these forms before, please fill it out completely and return the completed form. Be sure to attach a cheque marked VOID.

6. If you are revising a previous application, you do not need to attach a cheque marketed VOID unless your bank account has changed. Indicate: name, address, phone #, Amount, and IF your date is changing indicate the withdrawal date. Return the completed form.

7. For questions regarding completion of this form, please email give@westendcrc.ca or contact the church office at 780-454-8151.