

The Edmonton Society for Christian Education

Pre-Authorized Debit (PAD) Agreement for Donation

Donor Information

Name(s): _____ Phone: _____

Email Address: _____

Address: _____

Pre-Authorized Debit Information

I/We wish to make a **monthly** donation of \$ _____

Withdrawal on: 1st of the month 15th of the month 20th of the month

Start Date: _____ / End Date: _____ -or- No End Date:

(MM/DD/YYYY) (MM/DD/YYYY)

Allocate my funds to: ESCE General Fund Program Fee Subsidy Fund Families in Need Fund

I / We authorize The Edmonton Society for Christian Education to debit my/our account for the amount stated above and for the time period stated above. This authority is to remain in effect until The Edmonton Society for Christian Education has received written notification from me/us of its change or termination or the end date is reached.

Signature: _____ Date: _____

A void cheque or Authorized Bank Withdrawal form must be attached and returned along with this form by mail, email or in-person.

Edmonton Society for Christian Education | 14304 - 109 Avenue | Edmonton, AB | T5N 1H6
societyoffice@edmchristian.org

TERMS & CONDITIONS

Pre-Authorized Debit (PAD) Details

I/We hereby authorize The Edmonton Society for Christian Education (ESCE) to make the requested debits of funds from the bank account. I/We acknowledge that this service is for business PAD purposes. I/We acknowledge that if my/our signed PAD Agreement is not received within 30 days of the transaction date ESCE may not be able to process my/our authorization in time for that transaction and the authorization will be processed commencing the next transaction date. 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 debit that is not authorized or is inconsistent with this PAD Agreement. To obtain more information on my/our recourse rights I/we may contact my/our financial institution or visit the Payments Canada Website at www.cdnpay.ca.

Pre-Authorized Debit (PAD) Cancellation Details

I/We the Payor(s) may cancel my/our authorization at any time by sending a clear written request. Cancellations must be received at least 30 business days prior to a transaction date. To obtain a sample cancellation form, or for more information on my/our right to cancel a PAD Agreement, I/we may visit the Payments Canada Website at www.cdnpay.ca.

Financial Institution Information (For Office Use Only)

FI Transit Number	Route Number	Account Number
_ _ _ _ _	_ _ _ _ _	_ _ _ _ _ _ _ _ _ _

Financial Institution Name: _____

Branch Address: _____