



The Edmonton Society for Christian Education  
**Pre-Authorized Debit (PAD) Agreement**  
**Donation for The Creator's Classroom**

**Donor Information**

Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City Province Postal Code*

**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)

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](http://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](http://www.cdnpay.ca).

**For Office Use Only**

*FI Transit Number Route Number Account Number*  
 \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_