

Maranatha Christian Reformed Church Pre-Authorized Debit (PAD) Agreement

I/We authorize *Maranatha Christian Reformed Church* to debit my bank account for a total of \$ _____ on a schedule of:

- Monthly (Please specify day 1-31): _____
- Monthly (Last day of the month)
- Semi-Monthly (15th and Last day of the month)

I/We wish to have the funds allocated as such:

Maranatha Ministries \$ _____
Ministry Shares \$ _____

Starting date: _____

These services are for personal use.

This authority is to remain in effect until *Maranatha Christian Reformed Church* has received written notification from me of its change or termination. This notification must be received **at least 30 days in advance of the next pre-authorized debit** at the address below. 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 payments.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 right, I may contact my financial institution or visit payments.ca.

Signature: _____ Date: _____

Member Information

Name: _____ Telephone: _____

Address: _____

Bank Account Information

FI Transit Number

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Route

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Account Number

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Financial Institution Name: _____

Branch Address: _____

A VOID cheque must be attached and returned to:

The Treasurer mailbox at MCRC
or
Maranatha Christian Reformed Church
PO Box 20008 RPO Beverly
Edmonton, AB T5W 5E6