

Huron Chapel Evangelical Missionary Church

Direct Debit Program Authorization Form



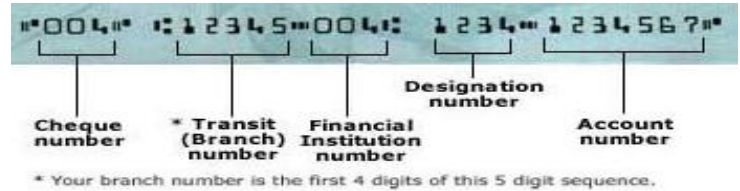
I want to support **Huron Chapel Evangelical Missionary Church** through monthly donations.

Please debit my bank account: (see example to fill in blanks, or attach a 'void' cheque)

Transit (branch) # _____

Financial Institution # _____

Designation # _____ Account # _____



Monthly Donation Amount \$ _____

The debit will be processed to your account on the **FIRST** day of each month or the next business day.

Contact **huronchapeltreasurer@gmail.com** to make changes / cancel / ask questions, etc.

DONOR (PAYOR) INFORMATION (Please Print):

Business Name (if applicable): _____ Email (if available): _____

Last Name: _____ First Name: _____

Street Address: _____ Telephone: _____

City/Town: _____ Postal Code: _____

This donation is made on behalf of: [] **an Individual**, or [] **a Business**

PAYEE : **Huron Chapel Evangelical Missionary Church**

119 Johns Ave., PO BOX 100, Auburn ON NOM 1E0 Telephone: (519) 526-1131

This agreement may be cancelled at any time by providing **Huron Chapel Evangelical Missionary Church** notice in writing or orally (with proper authorization to verify the identity of the payor) 30 days prior to the next PAD being issued. In order to revoke this authorization, I/We must provide notice of revocation to **Huron Chapel Evangelical Missionary Church**. For more information on my right to cancel a PAD, I may contact my financial institution or visit <https://payments.ca/>
I/We have certain recourse rights. I/We may dispute this PAD under any of the following conditions:

- (a) the pre-authorization debit was not drawn in accordance with this Payor's PAD Agreement; or
- (b) this Payor's PAD Agreement was revoked; or
- (c) pre-notification was not received and such pre-notification is required under the terms of this Payor's PAD Agreement.

In order to be reimbursed, I/We acknowledge that a declaration to the effect that either (a) (b) or (c) took place, must be presented to our financial institution's branch up to and including 90 calendar days in the case of a personal PAD (or up to and including 10 calendar days in the case of a business PAD), after the date on which the PAD in dispute was posted to my/our account. After such time, I/We acknowledge that the dispute must be resolved solely between me/us and **Huron Chapel Evangelical Missionary Church**.

To obtain more information on my recourse rights, I may contact my financial institution or visit <https://payments.ca/>

Signature(s): _____ **Date:** _____

*Please take completed form to Info Desk at church OR mail to above address
OR scan and email to huronchapeltreasurer@gmail.com*