

Bethel Church

"Responding to the Heart of God; Transforming the Heart of the City, the Nation and the World"

PRE-AUTHORIZED DEBIT AGREEMENT CHANGE FORM

I already support Bethel Church through a pre-authorized donation and I understand and accept the following:

- my bank account will be debited on the stated dates, or on the next business day, until such time as the authorization is revoked or modified
- I may revoke or modify my authorization at any time, by providing written notice to Bethel Church at the address above, or by electronic means, **no less than 30 days prior to the date of withdrawal**, using the form available from the office or the website
- I 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 P.A.D. Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.
- Should a payment be returned to Bethel as NSF, I will be debited the amount of the NSF charge. Bethel also reserves the right to summarily cancel any Pre-Authorized Debit agreement following 3 occurrences of an NSF payment.
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I HEREBY AUTHORIZE THE FOLLOWING CHANGES (circle one or more):

- Contact Information • Bank Account Information • Debit Amounts • Debit Dates

CONTACT INFORMATION

Address: _____

Phone: _____

Email: _____

BANK ACCOUNT INFORMATION

Please provide a VOID cheque from your new bank account.

Do you wish to continue with the same date and amounts? (circle one) YES / NO

If no, please provide your new amounts/dates on the back.

(NOTE: if you are having a different amount withdrawn on each date, you must complete a separate form for each).

314 Johnson St., Kingston, ON K7L 1Y7
Phone: 613-542-2990 | Fax: 613-542-3114
www.bethelkingston.com

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DEBIT WITHDRAWAL DATE INFORMATION

I hereby authorize that my debit amounts be removed on the following date (*circle one*):

the 1st of the month OR the 16th of the month

(NOTE: if you are having a different amount withdrawn on each date, you must complete a separate form for each).

DEBIT AMOUNT WITHDRAWN

I hereby authorize the following changes in debit amounts to my bank account:

NEW Total Donation Amount: _____ of which to General: _____ To Build: _____

Signature: _____

Date: _____

Any questions? Call Amy Grendel at 613-542-2990.

FOR OFFICE USE ONLY

CUSTOMER NUMBER: _____

CUSTOMER ENVELOPE NUMBER: _____

DATE SETUP: _____