

Bethel Church

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

PRE-AUTHORIZED DEBIT MODIFICATION(S)

Donor Name: _____

I HEREBY AUTHORIZE THE FOLLOWING MODIFICATION(S) TO MY CURRENT AGREEMENT. (Select all that apply.)

NEW Contact Information. (Update all that apply.)

New Mailing Address: _____

New Phone: _____ New Email: _____

NEW Bank Account Information

Please attach a VOID cheque from your new account.

NEW Debit (Withdrawal) Amount and/or Allocation

New Total Donation Amount: \$_____ which I would like to allocate or divide accordingly:
To the General Fund: \$_____
To the Building Fund: \$_____
To an Approved Project: \$_____ (select a Project below)
 Constance Lake Honduras Refugee Project

NEW Debit (Withdrawal) Date

Select the new withdrawal date: the 1st of each month or the 16th of each month

(Note: If you would like to donate on both dates, please complete a separate form for each date.)

I understand and accept the following:

- My bank account will be debited on the stated date, or on the next business day, until such time as I cancel or modify this authorization.
- I may revoke or modify my authorization at any time by providing written or email notice to Bethel Church at the address below, no less than 30 days prior to the date of withdrawal, using the form available from the church office or 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 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.

Donor Signature: _____

Date: _____

Any questions?

Contact the church office at 613-542-2990 or keri@bethelkingston.com

FOR OFFICE USE ONLY

DONOR P.A.D. NUMBER: _____

DONOR ENVELOPE NUMBER: _____

DATE MODIFIED: _____

MODIFIED BY: _____