

Bethel Church

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

PRE-AUTHORIZED DEBIT SUPPLEMENTARY REQUEST

Donor Name: _____

I already support Bethel Church through a Pre-Authorized Debit donation. Further to that agreement, I HEREBY AUTHORIZE A **ONE-TIME** DEBIT FROM MY BANK ACCOUNT (no void cheque needed) FOR THE AMOUNT, PROJECT, AND DATE BELOW.

Total One-Time Donation Amount: \$_____ which I would like to allocate or divide accordingly:

To the General Fund: \$_____

To the Building Fund: \$_____

To the Approved Project: \$_____ (select a Project below)

Refugee Project

Other Approved Project: _____

To be withdrawn on the 16th day of (indicate Month and Year): _____

I understand that I may revoke my authorization at any time, subject to providing written notice to Bethel Church no less than 30 days prior to the date of withdrawal.

I also understand that 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 with this PAD agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

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 SETUP: _____

SETUP BY: _____