

Bethel Church

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

PRE-AUTHORIZED DEBIT AGREEMENT

I wish to support Bethel Church through a monthly pre-authorized donation.

Donor Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Offering Envelope # (if you are setup with a number currently): _____

I HEREBY AUTHORIZE THE TOTAL DONATION AMOUNT BELOW TO BE DEBITED (WITHDRAWN) FROM MY BANK ACCOUNT EACH MONTH ON THE DATE SELECTED BELOW. (Please attach a VOID cheque or a PAD form.)

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

To the General Fund: \$_____

To the Building Fund: \$_____

To the *Approved Project*: Refugee Project \$_____

To Be Withdrawn On: [] the 1st of each month or [] the 16th of each month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.
- Contributions directed toward an Approved Project will be used for that Project with the understanding that when the need for the Project has been met, or cannot be completed for any reason as determined by Bethel Church, the remaining donations will be used where most needed.

Donor Signature: _____

Date: _____

Any questions?

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

FOR OFFICE USE ONLY

DONOR P.A.D. NUMBER: _____

DONOR ENVELOPE NUMBER: _____

DATE SETUP: _____

SETUP BY: _____