

PRE-AUTHORIZED DEBIT SUPPLEMENTARY REQUEST

Donor Name:	
	Pre-Authorized Debit donation. Further to that agreement, I HEREBY Y BANK ACCOUNT (no void cheque needed) FOR THE AMOUNT, PROJECT,
Total <u>One-Time</u> 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:
than 30 days prior to the date of withdrawal I also understand that I have certain recours have the right to receive reimbursement for	ation at any time, subject to providing written notice to Bethel Church no less l. see rights if any debit does not comply with this agreement. For example, I any debit that is not authorized with this PAD agreement. To obtain more intact my financial institution or visit www.cdnpay.ca .
Donor Signature:	
Date:	
Contact the church	Any questions? 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: