Pre-authorized Debit (PAD) Agreement

North Toronto Chinese Alliance Chu	ırch	Date:
I want to support North Toronto Chir	nese Alliance Church through mont	hly donations.
Please debit my bank account: (attac	ch VOID cheque)	
\$50\$100	\$150 Other Amount	(specify)
The debit will be processed to your business day.	account on the 15 th day of each mo	nth or the next
Signature:		-
Donor Name:		-
Address/Contact Information:		_
		_
		_
This donation is made on behalf of:		_ a Business
I may revoke my authorization at any a cancellation form, or for more info contact my financial institution or vis	rmation on my right to cancel a PA	
North Toronto Chines	e Alliance Church	
11221 Bayview Avenu	e	
Richmond Hill, ON L4	S 1L8	
Tel: 905-883-6773		

I have certain recourse rights if my 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 PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

E-mail: donations@ntcac.ca

Pre-Authorized Debits (PADs) Cancellation Notice

TO: North Toronto Chinese Alliance C DATE:	<u>Church</u>
authorized debits in the amount of effective on	, cancel my/our authorization to issue pre against my/our account number I/We acknowledge that this cancellation does/we may have with the Payee, North Toronto
Signed:	