



Please return completed form to:

Seaside Community Baptist Church
202-5288 St. Margaret's Bay Rd.
Upper Tantallon, NS B3Z 2J1
Tel: (902) 826-7766
office@seasidecommunity.org

Pre-Authorized Debit (PAD) Agreement

I wish to support Seaside Community Baptist Church through pre-authorized debit.

Name: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Please debit my bank account as indicated below.

Chose one of the following options:

Bi-weekly debit Bi-weekly Debit Amount: \$ _____

The debit will be processed to your account on the 1st and 3rd Monday of each month or on the next respective business day.

OR

Monthly debit Monthly Debit Amount: \$ _____

The debit will be processed to your account on the 1st Monday of each month or the next business day.

This donation is made on behalf of: an Individual a Business

My bank account information (or attach a voided cheque):

Financial Institution (FI): _____ FI Number (3 digits): _____

FI Transit Number (5 digits): _____ FI Account Number (7 digits): _____

I may revoke my authorization at any time, subject to providing 21 days written notice to Seaside Community Baptist Church. 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 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.

Signature

Date