



offerings@stclaircommunitychurch.com

Pre-Authorized Debit Form

I want to support St. Clair Community Church through regular donations.

Please debit my bank account using the information on the attached VOID cheque or the information below.

Amount: _____

Frequency: ☐ Bi-weekly ☐ Monthly

DONOR INFORMATION

Print Name: _____

Address: _____

Signature: _____ Date: (MM/DD/YYYY) _____

☐ This donation is made on behalf of an individual.

ACCOUNT INFORMATION:

☐ I have attached a VOID cheque.

Account number: _____

Transit number: _____

Institution number: _____

I may revoke my authorization at any time in writing or by phone subject to providing 30 days notice.

If there are changes to my information, I can send updated information to offerings@stclaircommunitychurch.com.

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 PAD agreement. To obtain more information on my recourse rights I may contact my financial institution or visit www.cdnpay.ca.