

PRE-AUTHORIZED DEBIT

I WOULD LIKE REGULAR MONTHLY GIVING TO CITYLIGHTS
CHURCH TO BE DEBITED FROM MY BANK ACCOUNT.

NAME

E-MAIL

PHONE

ADDRESS

I WOULD LIKE TO DESIGNATE THESE FUNDS TO:

CITYLIGHTS MINISTRY & MISSION \$

GLOBAL GENEROSITY PARTNERSHIPS \$

GROW FUND \$

TOTAL \$

PLEASE DEBIT MY BANK ACCOUNT ON THE:

☐ 3RD DAY OF THE MONTH **AND/OR** ☐ 18TH DAY OF THE MONTH

ATTACH A VOID CHEQUE **OR** INCLUDE YOUR BANKING INFORMATION

TRANSIT NUMBER (5 DIGITS)

INSTITUTION NUMBER (3 DIGITS)

ACCOUNT NUMBER (7 DIGITS)

I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca. 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.

SIGNATURE

DATE

QUESTIONS? EMAIL FINANCE@CITYLIGHTSCHURCH.CA



CITYLIGHTSCHURCH