

# West End Christian Reformed Church

## Pre-authorized Debit Agreement (PAD)

(see pg 2 for some helpful tips on completing this agreement)

Name(s)	
Address	Phone Number
Financial Institution Name	Branch Address
Please check one:    _____ this is a new application (attach a VOID cheque) _____ this is a revised application	
I / We authorize West End Christian Reformed Church to electronically debit my/our bank account for contributions to:	
Budget in the amount of .....\$ _____	
Missionary Support in the amount of.....\$ _____	
Weekly Causes (not including Budget) in the amount of.....\$ _____	
Other (specify) _____ in the amount of.... \$ _____	
On the 1st, 15th, 20th, 28th (circle your choice) day of each and every consecutive month.	
OR semi-monthly ( <i>15th and 28th day of the month</i> )	
Date of first transfer _____	
These services are for (check one) _____ personal use _____ business use	
I/We authorize West End Christian Reformed Church to increase my/our contributions to the cause listed above by:	
<input type="checkbox"/> 2% for each successive year hereafter. <input type="checkbox"/> 3% for each successive year hereafter. e.g. \$200 monthly withdrawal in 2020 = \$206 in 2021 = \$212 in 2022 (rounded off to the nearest dollar). <input type="checkbox"/> 4% for each successive year hereafter. <input type="checkbox"/> _____% for each successive year hereafter. <input type="checkbox"/> \$_____ for each contribution for each successive year hereafter. e.g. \$200 monthly withdrawal in 2020, increase by \$10 month in 2021 = \$210, and in 2022 = \$220.	
Signature(s):	Date:
<b>Please attach a cheque marked VOID to this application</b>	
Return both items to: West End Christian Reformed Church, Attention: Pamela Sheriff email: treasurer@westendcrc.ca mail: 10015 - 149 Street NW, Edmonton, AB T5P 4Y4 Mailbox #299 or place in the church office	

## TERMS AND CONDITIONS

This authority is to remain in effect until West End Christian Reformed Church has received written notification from me of its change or termination. This notification must be received **21 - 30 days in advance of the next pre-authorized debit** at the address noted. 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](http://www.cdnpay.ca).

I/We 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](http://www.cdnpay.ca)

### Tips for Filling out the Pre-Authorized Debit Agreement (PAD/EFT)

1. The PAD program allows you to make donations by PAD to any cause, as long as your donation is:
  - a. to the same cause every month
  - b. for the same amount every month
  
2. One of the options is to make PAD donations to “Weekly Causes”.
  - a. This option allows you to make a donation in a lump sum to all of the weekly collection causes.
  - b. At the end of the month, our bookkeeper will sum up all donations to “Weekly Causes”, and will divide them equally between the various causes for that month, not including the Budget.
  
3. Because of limitations in the PAD system, please note:
  - a. Each cause will be a separate withdrawal from your bank account.
  - b. You do not need to include a cheque marked VOID for each cause; just one cheque marked VOID will be fine.
  
4. Please choose a “date of first transfer” about 21-30 days from when you submit your new or revised application
  
5. If you have never filled out one of these forms before, please fill it out completely and return it to the church office, mailbox 299, or scan and email [treasurer@westendcrc.ca](mailto:treasurer@westendcrc.ca). Be sure to attach a cheque marked VOID.
  
6. If you are revising a previous application, you do not need to attach a cheque marketed VOID unless your bank account has changed. Indicate: name, address, phone #, Amount, and IF your date is changing indicate the withdrawal date. Return it to the church office, mailbox 299, or scan and email [treasurer@westendcrc.ca](mailto:treasurer@westendcrc.ca).
  
7. For questions regarding completion of this form, please contact Pamela Sheriff at 780-722-4987 or email [treasurer@westendcrc.ca](mailto:treasurer@westendcrc.ca).