



PRE-AUTHORIZED DEBIT FORM

Crossview Church

Box 570
Steinbach, MB R5G 1M4

Donor's Name: (Please Print) _____

Address: _____ City: _____

Province: _____ Postal Code: _____

E-mail address: _____

Pre-Authorized Debit

Please attach a VOID cheque OR Complete the following Financial Institution account information.

Transit Number

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Institution Number

--	--	--

Account Number

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Name of Financial Institution _____ Branch _____

Address _____

I/We hereby request and authorize CROSSVIEW CHURCH to debit my/our account on the _____ day of each month in the amount of \$_____, starting on the _____ day of _____ (enter month/year) as my/our contribution to the **Crossview Church General Fund**.

I/We hereby request and authorize CROSSVIEW CHURCH to debit my/our account on the _____ day of each month in the amount of \$_____, starting on the _____ day of _____ (enter month/year) as my/our contribution to the **Crossview Church Building Fund**.

I/We also recognize and agree to the following:

- I/We may change the amount of the contribution at any time by contacting the Crossview Office, subject to providing notice of 15 days
- I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we 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.
- I/We waive my/our right to receive pre-notification of the amount of pre-authorized debit and agree that I/we do not require advance notice of the debit amount before the debit is processed.

Signature: _____ Date: _____

Please hand in the original page to the Crossview Church office and keep the copy page for your records.