

# Emmanuel Baptist Church Of South Huron

## Direct Debit Program Authorization Form

I want to support **Emmanuel Baptist Church Of South Huron** through monthly donations.

**Please debit my bank account: (attach VOID Cheque)**

       \$25           \$50           \$75    Other Amount \$            (specify)

The debit will be processed to your account on the 20th day of each month or the next business day.

### DONOR (PAYOR) INFORMATION (Please Print):

Business Name (if applicable): \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_

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

**PAYEE :    Emmanuel Baptist Church Of South Huron**

40007 Kirkton Rd PO BOX 555 Exeter ON N0M 1S6

Telephone: (519) 235-2661

This agreement may be cancelled at any time by providing **Emmanuel Baptist Church Of South Huron** notice in writing or orally (with proper authorization to verify the identity of the payor), 30 days prior to the next PAD being issued. In order to revoke this authorization, I/We must provide notice of revocation to **Emmanuel Baptist Church Of South Huron**. For more information on my right to cancel a PAD, I may contact my financial institution or visit <https://payments.ca/>.

I/We have certain recourse rights. I/We may dispute this PAD under any of the following conditions:

- (a) the pre-authorization debit was not drawn in accordance with this Payor's PAD Agreement; or
- (b) this Payor's PAD Agreement was revoked; or
- (c) pre-notification was not received and such pre-notification is required under the terms of this Payor's PAD Agreement.

In order to be reimbursed, I/We acknowledge that a declaration to the effect that either (a) (b) or (c) took place, must be presented to our financial institution's branch up to and including 90 calendar days in the case of a personal PAD (or up to and including 10 calendar days in the case of a business PAD), after the date on which the PAD in dispute was posted to my/our account. After such time, I/We acknowledge that the dispute must be resolved solely between me/us and **Emmanuel Baptist Church Of South Huron**.

To obtain more information on my recourse rights, I may contact my financial institution or visit <https://payments.ca/>.

**Signature(s):** \_\_\_\_\_

**Date:** \_\_\_\_\_