



Pre-Authorized Debit (PAD) Agreement

I, _____, residing at _____
_____, as an Individual or a Business hereby authorize

Saint Peter & Saint Paul Coptic Orthodox Church to withdraw the amount of
\$ _____ from my Bank Account on a:

- Weekly Bi-Weekly for: The General Fund
- Monthly basis or One-time The Building Fund

Signature: _____ Date: 20__/__/__ Home Tel. # _____
 Work Tel. # _____ ext. # _____ Cell # _____
 Email: _____@_____

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

Please include VOID cheque and notify the church of any changes to this PAD Agreement

Saint Peter & Saint Paul
 Coptic Orthodox Church
 1 Avenue De L'Eglise, Pointe-Claire, Quebec H9S 5J1
 Tel. # 514-620-3156 Fax # 514-620-3156
 Email: treasurer@stpeterstpaul.ca