



St. John the Evangelist Anglican Church

P.O. Box 13033, Stn. Topsail

20 Rectory Road

Conception Bay South, NL A1W 2K1

Phone (709) 834-2336 Fax (709) 834-0236

Email: sjtetopsail@nfld.net

*Personal Pre-authorized Debit (PAD) Agreement
Payor's Authorization*

Account Holder Name and Account Number

Full Name of Account Holder:	
Complete Mailing Address:	
Name and address of financial Institution:	
Account Number:	Transit Number:

I/We authorize St. John the Evangelist Anglican Church to begin deductions as per the following instructions of regular recurring payment beginning _____, 20__.

Amount: ___\$100 ___\$50 ___\$40 ___\$20 ___\$10 ___ Other \$_____

Recurring Basis: ___ Weekly ___ Bi-weekly ___ Monthly



Change or cancellation

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

Reimbursement

I/We have certain recourse rights if any debit does not comply with this agreement. 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/our recourse rights, I/We may contact my financial institution or visit www.cdnpay.ca.

_____ Signature of Account Holder	_____ Date
_____ Signature of Joint-Account Holder	_____ Date

IMPORTANT: Attach a personal cheque marked "VOID" to avoid errors in transcription

All personal information provided will be used solely for the intended purpose of St. John the Evangelist Anglican Church and will not be shared or distributed.