

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT



5 International Blvd
Etobicoke, ON M9W 6H3
Phone: 416-622-8600
Fax: 416-622-2308
E-mail: cboq@baptist.ca
Website: www.baptist.ca

For individuals

I/we authorize CBOQ to make monthly automatic withdrawals of:

\$25 \$50 \$100 other \$ _____ from my/our account starting on the 30th of _____ (month).

I/we attach a VOID cheque.

Name _____

Address _____

City _____ Province _____ Postal code _____

Telephone (____) _____ Email _____

I/we understand that:

- I/we may revoke my authorization at any time by giving 30 days notice to CBOQ in writing. 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/we have 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.

Spending of funds is confined to Board approved programs and projects. Each contribution designated towards a Board approved program or project will be used as designated, with the understanding that when the need for such a program or project has been met, or cannot be completed for any reason determined by the Board, the remaining amount from the contributions designated for such program or project will be used where needed most.

Please return completed form to CBOQ at the above address, attention Melody Carrier.