

## Agreement Terms

### For single contributions

I/We authorize Calvary Baptist Church and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for a one-time payment towards the specified ministry/work of Calvary Baptist Church.

Calvary Baptist Church will obtain my/our authorization for any other one-time or sporadic debits. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca)

Calvary Baptist Church may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

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 PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

I/We acknowledge that, in the event there are insufficient funds in our account at the time of the PAD, I/we will be responsible for paying a fee that is determined by the financial institution responsible for my account.

I/We also acknowledge that at the end of each tax year, a receipt for the total contributions over the year will be mailed to the address provided below. I/We will be responsible for updating the administrator at Calvary Baptist Church of any changes in address in order to ensure the timely delivery of a tax receipt.

## Account Information

Name(s): \_\_\_\_\_

Nature of Contribution:  Personal  Business

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

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Financial Information

Institution Name: \_\_\_\_\_

Transit Number (5 digits): \_\_\_\_\_ Branch Number (3 digits): \_\_\_\_\_

Account Number: \_\_\_\_\_

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

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

## Payment Information

A one-time payment of \$\_\_\_\_\_ will be withdrawn from the account listed above on the last business day of \_\_\_\_\_ (month), \_\_\_\_\_ (year). This payment will be designated as following:

\$\_\_\_\_\_ - \_\_\_\_\_ \$\_\_\_\_\_ - \_\_\_\_\_

\$\_\_\_\_\_ - \_\_\_\_\_ \$\_\_\_\_\_ - \_\_\_\_\_

I/We grant Calvary Baptist Church the authority to keep this financial information on record for future debits or credits to my account.  Yes  No

Authorized Signature(s): \_\_\_\_\_