

**St. John's Anglican Church  
Personal Pre-Authorized Debit Plan Agreement Form**

**What is the Pre-Authorized Debit (PAD) Plan?**

St. John's Anglican Church offers an automatic debit plan to simplify the process for you to support the work of our Church through your regular offerings. This pre-authorized giving allows a fixed amount to be automatically deducted from your bank account every month as a donation to the church.

**What are the advantages?**

Donor  
\* Convenience; we receive your offering automatically every month  
\* Continual support of your church when you are away or not able to come to Sunday service

Church  
\* Regular, dependable flow of contributions to the Church  
\* Reduces administrative costs

**How do I enroll?**

\* Decide the amount of your offering to our Church every month  
\* Fill out the debit authorization at the bottom of this page  
\* Put the form and a cheque marked "void", from the bank account you would like to use, in an envelope and place in the collection basket or hand it to the Church Wardens.

**Who looks after the plan?**

The Church Wardens of St. John's Anglican Church, 1087 Lillian St., Willowdale, ON, M2M 3G1  
Tel: 416-461-0692 Fax: 416-461-0032

**Donor Information (Please print clearly)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone #: \_\_\_\_\_

**Donor Bank Account Information:** (please attach voided cheque)

Account Number: \_\_\_\_\_ Bank Transit Number: \_\_\_\_\_  
Financial Institution Number: \_\_\_\_\_ Chequing Account: \_\_\_\_\_  
Savings Account: \_\_\_\_\_  
Financial Institution Name: \_\_\_\_\_  
Bank Branch Address: \_\_\_\_\_

I \_\_\_\_\_ hereby authorize the Church Wardens of St. John's Anglican Church to debit my account indicated above with my Financial Institution as follows:

**Frequency and Amount of Debits:**

A debit in the amount of \$ \_\_\_\_\_ may be drawn on my account

Frequency: \_\_\_\_\_ Monthly  
Starting: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

**Recourse/Reimbursement:**

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](http://www.cdnpay.ca)

**Cancellation of Automatic Debit Plan:**

This Authorization may be cancelled at any time by providing the Church with written notice 30 days before the next scheduled payment. I may obtain a sample cancellation form, or further information on my right to cancel a PAD agreement at my Financial Institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

**Pre-Authorized Debit (PAD) Payee Details:**

St. John's Anglican Church  
1087 Lillian Street  
Willowdale, ON M2M 3G1

**I understand and agree** to this PAD arrangement and to the disclosure of any confidential information to any third parties as may be required to process the PAD in accordance with Canadian Payments Association (CPA) rules. More information is available from [www.cdnpay.ca](http://www.cdnpay.ca)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please print clearly)

\_\_\_\_\_  
Name (Please print clearly)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

捐封號碼

ST. JOHN'S ANGLICAN CHURCH

ENVELOPE NUMBER

聖公會聖約翰堂

1087 Lillian Street, Willowdale, Ontario, M2M 3G1 Canada Tel.電話 : 416-461-0692

NAME 姓名: \_\_\_\_\_  REGULAR 常捐 \$ \_\_\_\_\_

ADDRESS 地址: \_\_\_\_\_  BUILDING FUND 建堂捐 \$ \_\_\_\_\_

\_\_\_\_\_  THANKSGIVING 感恩捐 \$ \_\_\_\_\_

\_\_\_\_\_  TEA 茶會 \$ \_\_\_\_\_

\_\_\_\_\_  FLOWER 獻花 \$ \_\_\_\_\_

\_\_\_\_\_  OUTREACH 外展 \$ \_\_\_\_\_

CASH 現金  CHEQUE 支票 PHONE 電話: \_\_\_\_\_  OTHER 其他捐獻 \$ \_\_\_\_\_

We issue receipts for gifts of \$10.00 and over. 凡捐獻十元以上將獲退稅收據。FOR 註明: \_\_\_\_\_