



CHURCH OF THE MESSIAH WEST

Date: _____ / _____ / _____ (YYYY-MM-DD)

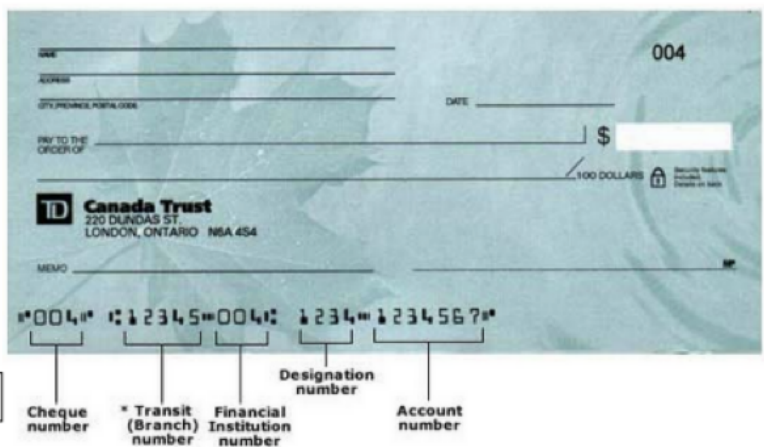
I wish to support CHURCH OF THE MESSIAH through regular donations; my support is designated for **MESSIAH WEST**.

Please debit account:

Transit No.

Inst. No.

Account No.



Amount: \$ _____

Frequency: (check one)

- weekly on the 7th, 14th, 21st and 28th
- bi-weekly on the 15th and 30th
- monthly on the 1st

Donor Name: _____

Signature: _____

Mailing Address:

Email: _____

Phone: _____

CANCELLATION OF AGREEMENT: I may revoke my authorization at any time, subject to providing notice of 15 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.

RECOURSE STATEMENT: I have certain 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 the PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.