



Pre-Authorized Debit (PAD) Agreement

Donor(s) Information

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

Address: \_\_\_\_\_

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

Amount & Frequency

- checkbox New PAD checkbox Change PAD checkbox Cancel PAD

Table with columns: General, Building, Total. Rows: 1st of Month, 15th of Month. Includes dollar signs and blank lines for amounts.

Please include a cheque marked "VOID"

Authorization

I/We, the undersigned, hereby authorize Northside Community Church to debit my/our bank account for the amounts and frequency specified above.

I/We will notify Northside Community Church, in writing, if there is a change to my/our bank account information.

I/we understand that this authorization may be cancelled or changed at any time upon written notice to Northside Community Church.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature (if a joint account) \_\_\_\_\_

Date \_\_\_\_\_

Questions?

Please contact Bob Reay at bob@bobreay.com