

BEULAH ALLIANCE CHURCH

PRE-AUTHORIZED DEBIT AGREEMENT FORM

CONTACT INFORMATION

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Email address: _____

GIVING INFORMATION

Giving Number (one will be provided if you do not have one beforehand): _____

This donation is made on behalf of: an individual a business

My campus is: West Southwest Faro de Luz Bonnie Doon

Date to begin: _____

Frequency of Donation:

- Once a month on the 1st
- Once a month on the 15th
- Twice a month on the 1st & the 15th

I've attached either a VOID cheque or a copy of my bank information.

Total Amount of Gift: \$ _____

Please designate the funds as follows:

Beulah Ministries: \$ _____

Care & Compassion: \$ _____

Global Impact: \$ _____

Bold Faith: \$ _____

Building/Capital: \$ _____

Other (please specify): \$ _____

PAD REQUEST OPTIONS

- A. **New PAD Set-up:** I wish to donate to Beulah Alliance Church through Pre-authorized Bank Withdrawals. By signing below, I authorize Beulah Alliance Church to automatically withdraw donations from my bank account.
- B. **Change Existing PAD Setup:** By signing below, I authorize Beulah Alliance Church to cease debiting the PAD account I have previously established and replace it with the information on this form.
- C. **Cancel Existing PAD:** By signing below, I am authorizing Beulah Alliance Church's Finance Department to cancel the PAD I have previously established with Beulah Alliance Church.

PAD AGREEMENT SIGNATURE

SIGNATURE: _____

DATE: _____

REVOKING AUTHORIZATION

I may revoke my authorization at any time, subject to providing notice in writing to the Finance Department, 15 days prior to the pre-authorized debit date. 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 RIGHTS

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.

Once completed, please print, sign and mail this PAD agreement to the address below. If you have difficulties with completing this PAD agreement, you may email give@beulah.ca or contact Beulah Alliance Church (West Campus) and ask for the Finance Department.

Beulah Alliance Church
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Edmonton, AB T5T 5T8
Phone: 780-486-4010