

**Authorization for PRE-AUTHORIZED DEBITS (PAD)
Blackburn Hamlet Community Church monthly offerings**

1) Payor: (please print)

Surname	First name	Mr. Mrs. Ms. Miss
Address		
City	Postal Code	Telephone number
Email Address		

Please debit my bank account : **(I/We have attached a specimen cheque marked "VOID")**

The Payee may issue a PAD once a month, on the ___5th or ___20th day of each month **(please select one)** beginning on: _____ (date) for a dollar amount of _____. The payment will be debited on the next business day if the 5th or 20th falls on a Saturday, Sunday or a statutory holiday.

2) Payee: **Blackburn Hamlet Community Church (BHCC), 2598 Innes Road, Ottawa, ON, K1B 4Z6.**

3) I/We acknowledge that the Authorization is provided for the benefit of the **BHCC Treasurer** and the **Processing Institution.**

4) I/We hereby authorize the BHCC Treasurer to issue Pre-Authorized Debits (PAD) drawn on the Account, for the following purpose: Monthly offering.

5) I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization below.

6) I/We may revoke the Authorization at any time upon providing written notice (e-mail) to the BHCC Treasurer at least 20 days prior to the next due date of the PAD.

7) 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 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.

8) I/We agree that the information contained in the Authorization may be disclosed to the Processing Institution as required to complete any PAD transaction.

10) I/We understand and accept the terms of participating in this PAD plan:

Signature Date

Signature of Joint Account Holder Name (Please print) Date