

## AUTOMATE the IMPORTANT

*"I give by Pre-Authorized Withdrawal because my church is one of my priorities."*

*"Whether or not I am there, my church is important to me, and so is my financial commitment to its work. That is why I Automate the Important, to fulfill my commitment."*

If you have automatic withdrawals from your bank account to pay for insurance, taxes, fuel or mortgage, then you understand the Automation principal. It means regular contributions throughout the year.

Many people who Automate the Important for their church offering, find it a convenient way to take care of their regular commitments to the church month by month. Anyone can participate in this program.

Your bank account will be debited according to the custom plan that you have predetermined.

Please fill out the appropriate plan information according to the method of giving (Pre-Authorized Debit or Credit Card) and bring to either the Offering/Giving Options desk at Church or at the Reception Office. Withdrawals are made on Friday (for the appropriate day) and are added to the offering collected the following Sunday.

## Pre-Authorized Debit (PAD) Agreement

### 1. Contributor Information: (please print clearly)

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

### 2. Choose a plan.

**Weekly Plan:** Amount \$ \_\_\_\_\_ \*  
(Withdrawn every Friday of the month)

**Monthly Plan:** Amount \$ \_\_\_\_\_ \*  
Please withdraw on the  
 1<sup>st</sup> Friday  2<sup>nd</sup> Friday  3<sup>rd</sup> Friday  4<sup>th</sup> Friday  
Other Day of the Month \_\_\_\_\_

Start Date: \_\_\_\_\_

### 3. Bank Account Information: (attach void cheque)

Account #: \_\_\_\_\_ Transit #: \_\_\_\_\_

Financial Institution:

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

These services are for (check one):

personal  business use

You the Payor authorize All Nations Church to begin deductions as per my/our instructions for contributions to the church. This authority is to remain in effect until All Nations Church has received written notification from me/us of its change or termination. This notification must be received 7 business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or for more information on my/our right to cancel a PAD Agreement, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

Authorized Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

## Pre-Authorized Credit Card Agreement

### 1. Contributor Information: (please print clearly)

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

### 2. Choose a plan.

**Weekly Plan:** Amount \$ \_\_\_\_\_ \*  
(Withdrawn every Friday of the month)

**Monthly Plan:** Amount \$ \_\_\_\_\_ \*  
Please withdraw on the  
 1<sup>st</sup> Friday  2<sup>nd</sup> Friday  3<sup>rd</sup> Friday  4<sup>th</sup> Friday  
Other Day of the Month \_\_\_\_\_

Start Date: \_\_\_\_\_

### 3. Card Information:

Name as appears on Credit Card:

Type of Credit Card:  Visa  MC  AMEX

Account #: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_ (mm/yy)

You the payor authorize All Nations Church to make a charge to this credit card as my/our contribution to the church.

Authorized Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

\* if you wish your donation to be designated other than general (Church home, bursary, missions) please state here \_\_\_\_\_.

Questions? Please call Ginny or Cyndie at 673-6110.