PAYOR INFORMATION – Name:	
Address: (street, city, province, postal co	de)
Email Address:	Phone Number:
PAYEE INFORMATION - New Hope Co	ommunity Church
Address: (street, city, province, postal co	de) 4009 Colonel Talbot Road, London, ON N6P 1E8
Email Address: office@newhopelondon.co	Phone Number: 519-652-1026
	•
PAYMENT DETAILS ☐ include with	this form cheque marked "VOID"
I ATMENT DETAILS I melade with	uns form eneque marked VOID
General □ Childre	n's Home □ Bible College □
Amount of Payment	Payor Financial Institution (name and address)
\$	
Dates	
☐ Weekly beginning	Payor Account (The Payor's account)
☐ Bi-weekly beginning	Institution # Branch ID # Account #
☐ Monthly beginning	
	s required for the Account, then only 1 Payor need sign. If 2 or more signatures are required, then
both or all Payors must sign.)	
	rovided for the benefit of the Payee and processing institution and is provided in consideration of
	ess debits against the account in accordance with the Rules of the Canadian Payment Association. wledges having receiving and having read a copy of the agreement including the terms and
conditions on page 2, acknowledges unders conditions of the agreement, including the	standing the terms and conditions of this agreement and agrees to be bound by the terms and
-	
I/we warrant and guarantee that the person((s) whose signature(s) are required to sign on the Account have signed the agreement.
XPayor Signature	 Date
, .	Date
XPayor Signature	Date
, 6	
CANCEL PAYMENT (20 days' notice is The Payor hereby cancels this Payor's PAD	s required before the next PAD will be issued. O Agreement effective:
y , , , , , , , , , , , , , , , , , , ,	
xPayor Signature	Date