

Pre-Authorized Donation Plan (PAD) - Authorization Form

We acknowledge that this Authorization is provided for the benefit of the Payee and our financial institution and is provided in consideration of our financial institution agreeing to process debits against our account in accordance with the Rules of the Canadian Payments Association (the CPA Rules - visit www.cdnpay.ca).

*Instructions: Please complete all sections to instruct your financial institution to make payments directly from your account. **Return the completed form with a blank cheque marked "VOID" to the Payee below.***



Living Springs Christian Fellowship 2304 Yankee Valley Blvd SW Airdrie AB T4B 0R7
Phone (403) 948-7724 Fax (403) 948-7783 Email: giving@livingspringsairdrie.com

Account Holder Information			
Name(s):			
Address:			
City:	Province:	Postal Code:	
Telephone:		Fax:	
Financial Institution:			
Name:			
Address:			
City:	Province:	Postal Code:	
Telephone:			
Branch Transit #: Office Use Only	Institution #: Office Use Only	Account #: Office Use Only	
Monthly Donations:			
I hereby authorize a debit in paper, electronic or other form in the amount of \$_____, to be drawn on my account monthly beginning: Debit Date: _____ (dd/mm/yyyy) (Please choose the 1st or the 15th day of the Month as your debit day.)			
I wish to designate my donation as follows:			
\$_____ General Fund	\$_____ Other (Specify _____)	\$_____ Other (Specify _____)	

Change in Account Information: I undertake to inform Living Springs Christian Fellowship, in writing, of any change in the account information provided in this authorization prior to the next due date of the Pre-Authorized Debit.

Authority to Debit Account: I hereby authorize the Payee to draw on my account indicated above with my financial institution, for the following purpose: *"to support the aims and objectives of Living Springs Christian Fellowship"*

Rights of Dispute: A Pre-Authorized Debit may be disputed by me under the following conditions:
the Pre-Authorized Debit was not drawn in accordance with my Authorization; **or** the Authorization was revoked.

Cancellation of Arrangement: This authorization may be cancelled at any time upon notice by me. I acknowledge that, in order to revoke this authorization, I must provide written notice of revocation to Living Springs Christian Fellowship.

Pre-Notification Waiver: I agree with Living Springs Christian fellowship to waive any further written notification prior to each Pre-Authorized Debit.

Authorized Signature

Name (please print)

Authorized Signature

Name (please print)

Date: _____

Date: _____