

Fredericton Christian Church – Pre-Authorized Debit Form

Customer Information:

Name: _____
Street Address: _____
City: _____
Province: _____
Postal Code: _____
Phone Number: _____

Bank Account Information:

Deposit Account Number: _____
Branch Transit Number: _____
Financial Institution Number: _____
Financial Institution: _____
Branch Address: _____

Pre-Authorized Debit Details:

You, the payor, authorize Fredericton Christian Church to debit the bank account identified above, beginning on the _____ of every month or the next business day for the below agreed upon amount.

Monthly debit amount: \$ _____ Bi-Weekly debit amount: \$ _____

You, the payor, may revoke your authorization at any time (in writing) subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

Signature of Account Holder:

Signature of Joint Account Holder:

Print Name:

Print Name:

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.

When the form is complete, mail or email to:

Fredericton Christian Church
P.O Box 671, Stn. A
Fredericton, NB E3B 5A6

fcc.offerings@gmail.com
Office: 506-472-0071