

Spring Garden Baptist Church

Pre-authorized Debit (PAD) Agreement Change

Complete A, B or C as needed.

A I want to change my support Spring Garden Baptist Church through donations on the 1st and/or 15th of each month using these new amounts as follows:

Designation	1 st of the Month	15 th of the Month
General Fund	\$ _____	\$ _____
Missions	\$ _____	\$ _____
Caring & Sharing	\$ _____	\$ _____
Total	\$ _____	\$ _____

B Please change my debit to bank account (attach a **VOID** cheque). These debits will be processed on the 1st and/or 15th of each month or the next business day.

Signature: _____ Date: _____

Please print the following:

Donor Name: _____

C Address: _____
City: _____
Postal Code: _____
Phone: _____
Email: _____

This donation is made on behalf of: ____ an individual ____ a business.

I may revoke my authorization at any time, subject to providing notice is received by the 20th to the month before the cancellation. Cancellation Notice forms may be obtained from the church office or the vice treasurer.

I may change the donation amounts and/or banking information at any time, subject to providing notice is received by the 20th to the month before the cancellation. PAD Agreement Change forms may be obtained from the church office or online at www.springgardenchurch.ca.

I have certain recourse rights if any debt does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

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