

**Pre-Authorized Debits (PADs) Rule H1
Payor's PAD Agreement – Mandatory and Supplementary Elements**

Pre-authorized Debit (PAD) Agreement

St. Mary and St. Maurice Coptic Orthodox Church **Date:** _____

I want to support St. Mary and St. Maurice Church through monthly donations.

Please debit my bank account: (attach VOID cheque / deposit form if possible)

.....
(Branch/Transit – 5 digit) (Bank #) (Account #)

____ **\$50** ____ **\$100** ____ **\$200** **Other Amount** _____ (specify)

The debit will be processed to your account on the 15th day of each month or the next business day.

Signature: _____

Donor Name: _____

Address/Contact Information: _____

This donation is made on behalf of: _____ an Individual _____ a Business

I may revoke my authorization at any time, subject to providing 15 days notice. Please contact:

St. Mary and St. Maurice Coptic Orthodox Church
388 Ottawa Street S
Kitchener, Ontario N2M 3P4
E-mail: donate@stmarystmaurice.ca

I have certain recourse rights if any debit does not comply with this agreement. For example, I 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 my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

LEGEND

1 Date and Signature	5 Cancellation of Agreement
2 Authorization to Debit Specific Account	6 Contact Information
3 PAD Category (personal, business, funds transfer)	7 Recourse Statement
4 Amount/Timing	