

# Willowdale Baptist Church

Date: \_\_\_\_\_

I wish to support the Ministry of Willowdale Baptist Church through a monthly offering debited directly from my bank account.

Please debit my bank account: (*attach VOID cheque*) in the amount of \$\_\_\_\_.00 per month.  
*The debit will be processed on the 18<sup>th</sup> day of each month or the next business day.*

Signature: \_\_\_\_\_

The donor is (please check below):

Donor Name: \_\_\_\_\_

an Individual

a Business

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

I may revoke my authorization at any time, subject to providing a cancellation notice 15 days in advance of the scheduled withdrawal to the Church Office. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

Willowdale Baptist Church  
15 Olive Avenue  
North York, ON M2N 4N4  
(416) 225-8857

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](http://www.cdnpay.ca).

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Please designate my monthly contribution as follows:

GENERAL FUND.....	\$ _____
BENEVOLENT FUND.....	\$ _____
LOVE MOVEMENT.....	\$ _____
LOVE MOVEMENT TV.....	\$ _____
TOTAL	\$ _____

Undesignated contributions are applied to the general fund.