PRE-AUTHORIZED DEBIT (PAD) AGREEMENT FOR MONTHLY DONATIONS

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1. Donor Information (Please print clearly)

T. Donor information (FIRST CENTURY		
Name:			FOUNDATIONS
Address:			Turning hearts around the
City:	Province:	Postal Code:	world towards the land,
Phone: ()			people and God of Israel
Email:			

– Est. 1985 —

2. Bank Account Information (See sample cheque) (Please attach a VOID cheque)

Account Number:	/	/	/	/	/	/	/	/	/	/	/	/	
Transit (Branch) N	umber: _	/	/	/	/								
Financial Institutio	n Numbe	er:	/	/	/								
Financial Institutio	n Name:												"004" "12345"004" 1234"123456?"
Financial Branch A	ddress _												Cheque * Transit Financial Account number (Branch) Institution number

3. Pre-Authorized Debit (PAD) Details

You the Payor authorize FIRST CENTURY FOUNDATIONS to debit the bank account identified above for \$ on the 15th day of each month or the next business day beginning on the month of ______ 201_. These services are for \square Personal or \square Business Use

You the Payor may revoke your authorization at any time, subject to providing written or verbal notice of 21 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. 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.

Signature of Account Holder	Signature of Joint Account Holder (if applicable)					
Name (Please Print)	Name (Please Print)					
Date:	Date:					
WHEN THE FORM IS COMPLETE, MAIL OR FAX IT TO: First Century Foundations Box 234 • Milton, ON • L9T 4N9						
Phone: 905-875-9876 Fax: 905-875-9878 Email: info@firstcenturyfoundations.com						

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