

## Pre-Authorized (PAD) Debits

**Evangelical Free Church of Lethbridge**  
4717 - 24 Avenue South  
Lethbridge, AB T1K 7C1  
403/ 329-3125

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

**I want to support the Evangelical Free Church of Lethbridge through monthly donations.**

**Please debit my bank account: (*attach VOID cheque*)**

**Amount:** \_\_\_\_\_

*The debit will be processed to your account on the 21<sup>st</sup> day of each month or the next business day.*

Funds to be allocated as follows:

General Fund: \_\_\_\_\_

Building Fund: \_\_\_\_\_

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

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

Address/Contact Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I may revoke my authorization at any time, subject to providing notice of seven (7) days.

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.