

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 21st day of each month or the next business day.

Funds to be allocated as follows:

General Fund: _____

Building Fund: _____

Signature: _____

Donor Name: _____

Address: _____

Email: _____

Phone: _____

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.