

## Pre-authorized Debit (PAD) Agreement 自動轉賬授權書

**Westwood Alliance Church**  
**3129 Ozada Ave**  
**Coquitlam BC**  
**V3B 2T6**  
**Tel: (604) 945-5850**  
**E-Mail: donations@westwoodac.org**

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

I want to support Westwood Alliance Church through my offerings.

Please debit my bank account (VOID cheque attached) C\$ \_\_\_\_\_  
(Canadian Dollar \_\_\_\_\_)

(a) on the \_\_\_\_\_ day or the next business day of each month commencing  
(Month/Year) \_\_\_\_\_

(b) on the \_\_\_\_\_ day or the next business day of \_\_\_\_\_  
\_\_\_\_\_ commencing (Month/Year) \_\_\_\_\_

Please specify Offering designation (otherwise it will be treated as General Fund offering)

\_\_\_\_\_

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

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

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

\_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

I may revoke my authorization at any time, subject to providing notice of 14 days. 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)

I may 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)