



Pre-Authorized Donation

Details of PAD

Name on Account: _____ Telephone: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Name of Financial Institution: _____

Address of Financial Institution: _____

Transit Number

Bank Code

Account Number

I authorize Base Church to process a debit in the amount of \$_____ from my account on the 1st week of each month starting on the ____ / ____ (yyyy/mm). I have read and understand all the provisions contained in the terms and conditions of the PAD agreement.

Signature

Date

Signature (if more than one required)

Date

Terms and Conditions

(Keep a copy for your records)

- I authorize Base Church to debit my account as indicated on the attached VOID cheque.
- I agree to the terms and conditions with Base Church until such time as written notice to the contrary is given.
- I acknowledge that delivery of my authorization to Base Church constitutes delivery by me to the branch of the financial institution at which I maintain an account. My financial institution is not required to verify that the payment(s) are drawn in accordance with this authorization.
- Each payment shall be the same as if I had personally issued a cheque authorizing the bank to pay Base Church as indicated and to debit the amount specified to my account.
- I will notify Base Church in writing of any changes in the account information or termination of this authorization 7 days prior to the next due date of the preauthorized debit.
- I warrant that all persons whose signatures are required to sign on this account have signed this agreement.
- Full Terms and Conditions available here **Terms Link**

PLEASE EMAIL COMPLETED FORM AND A COPY OF "VOID CHEQUE" TO give@base.church

- To obtain a digital file of a void cheque from your bank login to your app/account and download a copy.
- This form is considered incomplete without submission of a Void Cheque