

Pre-Authorized Donation Form



1750 Stouffville Road
Richmond Hill, ON L4C 0K3
(905) 887-5183
accounting@summitcommunity.ca

New Donation Change to Donation Cancel Donation as at _____
Month/Day/Year

NOTE: Data is transferred to the bank once a month. Your form must be received by the 20th of the month to be reflected in the following month. You retain the right to change or cancel this donation at any time. To do so, use this form and indicating the change or cancellation date which shall be prior to the 20th of the preceding month or 30 calendar days, whichever is lesser. To obtain a sample cancellation form, or further information on your right to cancel a PAD Agreement, you may contact your financial institution or visit www.payments.ca.

1. Personal Information *(Please print clearly)*

Name *(First, Middle Initial, Last)*: _____

Mailing Address: _____ City: _____

Province: _____ Postal Code: _____ Telephone Number: _____

2. Payment Options

A fixed amount of \$ _____

i) monthly on the _____ of each month commencing on _____, or

ii) weekly on (insert day) _____ commencing on _____, or

iii) bi-weekly on (insert day) _____ commencing on _____

Allocate my donation as follows:

Summit Ministry (Operating Fund): \$ _____

Building: \$ _____

Missions: \$ _____

If no allocation is specified, amount will be allocated to Summit Ministry (Operating Fund). Please note that donations are only accepted for Board approved programs and projects. When a project has been fully funded or cannot be completed for reasons determined by the Board, designated contributions will be used where most needed.

My donation constitutes a (select one) personal/individual PAD business PAD

3. Pre-Authorized Donation (PAD) Account Information *(For new requests or if requesting a banking change)*

Name of Bank: _____

Account #: _____ Branch #: _____ Institution #: _____

For verification, please attach a blank cheque marked "VOID" or a Direct Deposit Form from your bank.

4. Authorization

The donor authorizes Summit to debit the PAD account for the above noted amounts. You acknowledge that there will be no pre-notification of this debit and that it will continue until Summit receives written notification of your desire to change or cancel the donation.

Signature of account holder

Signature of joint account holder

Date (Month/Day/Year)

Date (Month/Day/Year)

If Joint Account, all authorized signatures are required.

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.payments.ca.

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