



PRE-AUTHORIZED DEBIT AGREEMENT

Today's Date: _____

This is a:
____ change to my existing withdrawal
____ new enrollment

I would like to support North Park Community Church Inc. through monthly donations.

I have attached a void cheque. Please debit my bank account:

Amount: _____

Day of Withdrawal: _____ 1st of the month, 15th of the month, or both

Designation: _____ General Fund
_____ Community Outreach through the Life Resource Center
_____ Global Outreach

Signature: _____

Donor Name: _____

Envelope Number (if available): _____

Donor Address: _____

Donor Telephone: _____

Donor Email: _____

This donation is made on behalf of (please choose one):
an individual _____ a business _____

I may revoke my authorization at any time, subject to providing one month notice. Notice may be provided by email to admin@northpark.ca or by written letter to our address below.

North Park Community Church Inc.
1510 Fanshawe Park Road E
London, ON N5X 4A3
519-457-1400
admin@northpark.ca

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. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca