**CONTONUCE AUTOMATIC FAITHFULNESS** PRE-AUTHORIZED PAYMENT PLAN

1255 The Queensway, Unit 26, Toronto, ON M8Z 1S2 | Tel: 416-521-9292 | finances@hopechurchtw.ca

### **HOW IT WORKS**

"Pre-Authorized Debit Agreement" means that you personally authorize HOPE CHURCH TORONTO WEST to regularly withdraw your offering directly from your bank\* account.

All you need to do is select the amount you wish to give and the most convenient monthly date(s) - (weekly, 1st, 15th, 30th) for the withdrawals.

HOPE CHURCH TORONTO WEST looks after everything else. We arrange for the withdrawal from your account and the bank confirms the transactions on your monthly statement.

\* "Bank" refers to any bank, trust company or financial institution.

# **ADVANTAGES**

- **Convenient and trouble free!** You no longer have to remember to write your cheque or bring your offering. If you are away, the church continues to receive your offerings.
- **Economical** saves envelopes, and most • importantly, time.
- Dependable you know the transaction • will be made on the date you specify, not whenever the cheque goes through.
- Cost effective greatly assists Hope Church • Toronto West in cash management and reduces administrative time.

#### **HOW TO BEGIN**

- Complete the attached authorization form, being sure to note withdrawal date(s) and amount for your own records. (You may wish to make a photocopy for your file.)
- Enclose a blank cheque for the account you wish to have debited. Write "VOID" in obvious type across the cheque.
- Detach and return the completed authorization form and voided cheque in an envelope to the church.

# HOW TO REVISE OR CANCEL

I may revoke my authorization at any time, subject to providing notice in writing of 15 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

To change either the transaction date or amount, simply send us a letter indicating the changes requested.

If for any reason you wish to cancel the plan at any time, simply send us a letter stating this request. Should you require last-minute cancellation, you can place a "stop-payment" order at your bank. (If at all possible, we would prefer you contact us as this would avoid a returned cheque charge.)

I have certain recource 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 the PAD Agreement. To obtain more info on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

# **CHOPE CHURCH** AUTOMATIC FAITHFULNESS PRE-AUTHORIZED PAYMENT PLAN

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I hereby authorize Hope Church Toronto	West to withdraw my offerings as outlined below
Pick one or more of the following:	
Weekly transaction:on Fridays and Monthly transaction date:1st15	
In the amount of \$	
Beginning the month of	
Designate to: Hope Church Toronto West	
Name:	
Address:	
City:	Province:
Postal Code:	
Phone (H):	
Bank Name:	
Address:	
City:	Province:
Postal Code:	
Account #:	
Void cheque enclosed: 🗌 YES	
Please sign below as you would on a regular che	eque. Second signature is required for joint accounts.
Signature 1:	
Signature 2:	
Date:	
This donation is made on behalf of:	
Individual Business	