



Pre-Authorized Debit (PAD) Agreement



I, _____, as an Individual [] or a Business [] hereby authorize THE ORTHODOX CHAPEL OF SMSD to withdraw the amount of \$ _____ from my Bank Account # _____ Transit # _____ on a:

- [] Weekly Basis [] Bi-Weekly Basis for: [] The General Fund [] Monthly Basis or [] One-Time Basis for: [] The Building Fund

Signature: _____ Date: 20__/__/__ Home Tel # _____ Cell # _____ Email: _____@_____ Address _____ City _____ Postal Code _____

I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on my right to cancel this PAD Agreement, I may contact my financial institution or visit www.cdnpay.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

Please notify us of any changes to this PAD Agreement

THE ORTHODOX CHAPEL OF SMSD 1699 Dundas Street East Tel. # 416-558-2245 Email: treasurer@smsd.ca