



Pre-Authorized Debit (PAD) Agreement



I, _____, residing at _____, as an

Individual or a Business hereby authorize ST. MAXIMOS AND ST. DOMADIOS

COPTIC ORTHODOX CHURCH to withdraw the amount of \$ _____ from my

Bank Account # _____ Transit # _____

Institution# _____ on a:

Weekly Bi-Weekly

Monthly basis or One-time

Signature: _____

Date: 20__/__/__

Home Tel # _____ Cell # _____

Email: _____@_____

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 PROVIDE A VOID CHEQUE WITH THE FORM

Please notify us of any changes to this PAD Agreement

ST. MAXIMOS AND ST. DOMADIOS COPTIC ORTHODOX CHURCH
1699 Dundas Street East
Email: treasurer@smsd.ca