

Life Community Church

165 King Street West Dundas,
Ontario, L9H 1V3
905-802-7228
finance@mountainside.church



Pre-Authorized Debit Agreement

CUSTOMER INFORMATION

Name _____

Email _____

Address _____

City _____

Province _____ Postal code _____

Business Personal

PAYMENT INFORMATION

Amount _____

Frequency Weekly Monthly (last day)
 Bi-Weekly Semi-Monthly (15th & Last Day)
 Monthly (30 days) Semi-Monthly (15th and 30th)

Process date _____

PRE AUTHORIZED DEBIT TERMS

Authorization

I authorize Life Community Church to debit my bank account as outlined in the payment terms above.

Third-party Processor

Pre-authorized debits will be processed by third-party processor, Accept/Pay Global.

Notification

I agree to waive any legislative or regulatory requirement for pre-notification.

Recourse

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain more information about your recourse rights, you can visit www.payments.ca.

Cancellation

This authority is to remain in effect until the above business has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at www.payments.ca.

AUTHORIZATION

Please attach a void cheque or fill out account details

Branch Transit no. _____

Account no. _____

Institution ID no. _____

Signature(s) _____

Date _____