Payor's Authorization for PRE-AUTHORIZED DEBITS (PAD) for General Donation Offering

☐ Sign me up for the PAD progr (Please attach VOID cheque		I'm already giving through PAD. Update my giving as follows.
		, , , , ,
I/We warrant and represent that the f Name(s)	ollowing information is accurate	2
Address		
City	Postal Code	Telephone # ()
Email Address		,
Name of Payor's Financial Institution (the Processing Institution)	1:	
Branch	Address	
City	Postal Code	Account Number
David Name and Address Mini	Doublet Charaka Hamilton (8	ADQUI) Quanting as of 1054
100 N	on Baptist Church – Hamilton (i orth Oval Dr. ton, ON, L8S 3Z1	ЛВСН) — Operating as of 1954
		\$ from my/our bank account
		ning// (day/month/year).
		inning / / (day/month/year).
	// (day/mon	
		ginning// (day/month/year).
		it of MBCH and the Processing Institution. required to authorize withdrawals from the
Account have signed the Authorization	below.	·
		tten notice to the MBCH at least 15 days prior to
the next due date of the PAD. To obta Agreement, I may contact my financia		r for more information on my right to cancel a PAD
		this agreement. For example, I have the right to
-		onsistent with this PAD Agreement. To obtain more
information on my recourse rights, I m		
		icient Fund or Uncollected Funds, will be subject to
a \$25.00 returned item fee to be debit	· · · · · · · · · · · · · · · · · · ·	
required to complete any PAD transac		y be disclosed to the Processing Institution as
7) I/We understand and accept the ter		olan:
Payor's Signature	 Date	
Payor's Signature (optional)	Date	