

**The Place Community Church of Victoria**  
**Pre-Authorized Debit Agreement**

I want to support **The Place Community Church of Victoria** through monthly donations. My bank statement may reflect this transfer as: EFT (Electronic Funds Transfer) The Place Com.

Please debit my bank account beginning: (Month/year) \_\_\_\_\_

**Account Information:**

Institution # [        ]                      Branch Transit # [        ]

Account # [ \_ \_ \_ \_ \_ ]

*Please attach a VOID check*

Monthly donation amount: \$[        ]

The debit will be processed on or about the 15<sup>th</sup> day of each month

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

This donation is made on behalf of: [    ] an individual                      [    ] a business

I may revoke my authorization at any time, subject to providing notice within 30 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](http://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](http://www.cdnpay.ca)

**The Place Community Church of Victoria**  
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