



Donation Pre-Authorized Debit (PAD Agreement) or Credit Card



At First Alliance Church we offer monthly reoccurring giving via **pre-authorized debit (PAD)** or **credit card** transactions.

Here's How It Works!

- Just complete the pre-authorization form and return it to the office, the Mainstreet Safe, or in the offering basket. If you choose debit as your pre-authorization method, make sure you include a blank cheque marked VOID.
- Complete all the necessary fields on the form.
- Additional donations can still be put into the weekend offering, processed online, or through Cornerstone Marketplace and will be tax receipted along with your pre-authorized giving.
- Want to make a change to your pre-authorized debit (PAD) or credit card information? Just pick up a change form at the info desk or email giving@facalgary.com

 **first alliance church**
of the christian and missionary alliance
12345 40 Street SE
Calgary, Alberta, Canada T2Z 4E6
403-252-7572 | facalgary.com

Questions? Email giving@facalgary.com

Donation Pre-Authorized Debit (PAD Agreement) or Credit Card

Change or Cancellation

I shall inform the Payee, in a timely manner, of any changes to this agreement.

I retain the right to revoke my authorization at any time, with a pre-notification of 5 business days prior to the next due date of the pre-authorized debit (PAD) or credit card transaction. To obtain more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit the www.cdnpay.ca.

A Change/Cancellation Form is available at the info desk or email giving@facalgary.com.

Reimbursement (PAD Agreement)

I have certain rights of recourse if a debit does not comply with the terms of this PAD Agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or that is not compatible with the terms of this PAD Agreement. For more information on my rights or recourse, I may contact my financial institution or visit www.cdnpay.ca.

PLEASE PRINT CLEARLY and complete ALL fields

Donor Information

What campus do you attend?

- FAC Deerfoot (12345 40 Street SE)
- FAC Southwest (16520 24 Street SW)

First Name

Last Name

Address

City Province Postal Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Telephone

Email

Fund Allocation

Please apply the funds as follows:

General Fund Deerfoot	\$	<input type="text"/>
General Fund Southwest	\$	<input type="text"/>
Missions Fund	\$	<input type="text"/>
Debt Fund	\$	<input type="text"/>
Capital Fund	\$	<input type="text"/>
Care Fund	\$	<input type="text"/>
Other _____	\$	<input type="text"/>
TOTAL DONATION	\$	<input type="text"/>

This donation is made on behalf of an individual
 a business

Reoccurring Payment Date

- 3rd of the month
- 18th of the month
- 3rd & 18th of the month

Commence Date

Did you know? If you choose pre-authorized debit (PAD) as your reoccurring payment method, we don't have to pay any fees to financial institutions.

Payment Method

- Pre-Authorized Debit (PAD)
- Credit Card

Credit Card Information

- Visa
- Mastercard

PLEASE PRINT CLEARLY and complete ALL fields

Name on Card

Card Number

Expiry Date

I authorize First Alliance Church to charge the fixed amount specified in fund allocation to my credit card on the reoccurring payment date that I indicated on this form.

Cardholders Signature

Pre-Authorized Debit (PAD) Information

PLEASE PRINT CLEARLY and complete ALL fields

Last and First Name(s) of Account Holder(s)

Financial Institution Name (where account is located)

Institution No.

Transit No.

Account No.

Authorization of Withdrawal (PAD)

- I've enclosed a blank cheque marked VOID. I authorize First Alliance Church to deduct the fixed amount I have specified in fund allocation from the account number on the cheque provided on the reoccurring payment date that I indicated on this form.
- I have received a copy of this agreement and waive all other confirmation before the first payment.
- I agree to waive notice confirming when any change is made to this debit.

I hereby consent to the disclosure of the information contained in my pre-authorized debit (PAD) enrolment agreement to the financial institution, provided such information is directly related to and required for the smooth application of the rules governing pre-authorized debits (PAD).

Signature of Account Holder

Signature of Second Account Holder (Only if Required)

IMPORTANT: Attach a cheque marked "VOID" to avoid errors in transcription. If you change your account or financial institution, please complete a Change form.