



Please complete Pre-Authorized Debit (PAD) Plan Agreement Below

I/We authorize **HOLY TRINITY ARMENIAN CHURCH** and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for regular monthly recurring payments and /or one-time payments from time to time. For the membership dues of year a \$ _____ payment for the full amount will be debited to my/our specified account immediately upon receiving my/our signed approval, only if **not paid** already . For the membership dues starting 2015, regular \$ _____ payment for the full amount will be debited to my/our specified account on February 10, of each year. **HOLY TRINITY ARMENIAN CHURCH** will obtain my/our authorization for any other one time or sporadic debits.

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

HOLY TRINITY ARMENIAN CHURCH may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

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 a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

PAYOR INFORMATION

DATE: _____

Name: _____

Address: _____

City/Town: _____ Province _____ Postal Code: _____

Phone Number. (Bus): _____ (Res): _____

Financial Institution (FI): _____

FI Account Number _____ FI Transit Number: _____ - _____
(branch-5 digits, FI- 3digits)

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Authorized Signature(s): _____

Please Enclose a **VOID** cheque from your Financial Institution.