

**Christian Missions Resource Centre
Pre-Authorized Debit Agreement (PAD)**



Christian Missions
Resource Centre

Please enclose a voided cheque.

Date: _____

I want to support Christian Missions Resource Centre through monthly donations.

Please debit my bank account (attach void cheque)

____ \$25 ____ \$ 50 ____ \$ 100 Other amount \$ _____ (Please specify)

The Debit will be processed to your account on the 15th day of each month or the next business day.

Signature: _____

Donor Name _____

Address: _____

Telephone # _____

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

I may revoke my authorization at any time, subject to providing notice of 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

Christian missions Resource Centre
76 Chancton Cres.
London, ON
N6E 2Y4
Tel. 519.680.2599
Email: info@cmrc.on.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