



720 – 62 Street SW  
Edmonton AB T6X-0G3  
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### Pre-Authorized Debit (PAD) Donation Agreement

- START** a new recurring donation
- CHANGE** the amount of an existing recurring donation
- CHANGE** the account number or receipted donor name of an existing recurring donation
- CANCEL** my recurring donation completely

I/we authorize **Grace Point Church of God** (Registered Charity #107282568) to debit my/our bank account as identified on the attached void cheque (or photocopy).

Please debit my account as follows:

*Note: if changing an existing amount please enter the NEW TOTAL below.*

General Fund Donation: <input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Monthly     \$_____ starting _____ <div style="text-align: right; font-size: small;"><i>(month/day/year)</i></div>
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I understand weekly and bi-weekly donations will be processed each Sunday and monthly donations on the 1<sup>st</sup> day of each month. This authorization is in effect until notice in writing to change or end this agreement is received by **Grace Point Church of God** at [accounts@gracepointchurch.ca](mailto:accounts@gracepointchurch.ca), at least 7 days in advance of the next processing date.

I may cancel my automated donation at any time, subject to providing 7 days' advance notice. It is also my responsibility to notify the Treasurer of any change in my bank account information at least 7 days in advance of the next processing date.

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).

Please issue the charitable donations tax receipt at the end of the year to:

Donor name: \_\_\_\_\_

Full Address: \_\_\_\_\_  
*(complete only if different from address on void cheque)*

\_\_\_\_\_

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

Date: \_\_\_\_\_ Account Holder Signature: \_\_\_\_\_  
*(month/day/year)*

**Please return completed form to the GPC Office or place in the 'GPC Office' folder in the foyer mailbox cabinet. You may also scan and email to [accounts@gracepointchurch.ca](mailto:accounts@gracepointchurch.ca)**