



I wish to support Mountainview Christian Fellowship through monthly donations.

Pre-authorized Debit (PAD) Agreement

Mountainview Christian Fellowship Baptist Church
791 E 27th Avenue Vancouver BC V5V 2K8
604-876-0630
office@mvcf.ca

Date: _____

Please debit my bank account: (*attach VOID cheque*)

_____ **\$10** _____ **\$20** _____ **\$25** _____ **\$50** **Other Amount \$**_____ (specify)

I would like this donation debit to be processed through my account on the:

_____ *1st day of each month or*

_____ *the 15th of each month*

Signature: _____

Donor Name: _____

Address/Contact Information: _____

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.

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.