

Church Extension Board of Halifax Presbytery

APPENDIX A TO THE PROMISSORY NOTE AND UNDERTAKING PRE AUTHORIZED DEBIT (PAD) AGREEMENT

1. Customer Information – the Payor

Name:

Street Address:

City:

Province:

Postal Code:

Telephone Number:

2. Payor's Bank Account Information

Chequing Account or Savings Account

Account Number:

Branch Transit Number:

Financial Institution Number:

Financial Institution Name:

Branch Address:

3. Pre Authorized Debit (PAD) Details

You, the Payor, authorize the Church Extension Board of Halifax Presbytery to debit the bank account identified above for

\$ on the 1st of every month or the next business day.

These services are for (Check one) Personal Business Use

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You, the Payor, may revoke your authorization at any time in writing subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.payments.ca.

Signature of Account Holder:

Signature of Joint Account Holder (if applicable)

Name

Name

Date: mm/dd/yy

Date: mm/dd/yy

You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 you rights, contact your financial institution or visit www.payments.ca.

Upon completion of the PAD Agreement, print, sign and mail to:

Attn: Treasurer

Using the contact information found at

www.cebhalifax.com/contact

or scan and send to:

cebhalifax@gmail.com