

Society for Christian Education in Southern Alberta
Pre-authorized Debit (PAD) Agreement

Pre-Authorized Debit (PAD) Details

I/We authorize _____ **Society for Christian Education in Southern Alberta** _____ to debit my bank account for

\$ _____ on the _____ day of each and every consecutive:

- Month on the (circle one) 1st / 15th / 25th
- Starting date _____

These services are for (*check one*) _____ personal use Business use

This authority is to remain in effect until **Society for Christian Education in Southern Alberta** has received written notification from me of its change or termination. This notification must be received **at least 30 days in advance of the next pre-authorized debit** at the address below. 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/We 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 right, I may contact my financial institution of visit www.cdnpay.ca.

Signature: _____ Date: _____

Personal Information

Name: _____ Telephone: _____

Address: _____

Bank Account Information

FI Transit Number	Route	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Financial Institution Name: _____

Branch Address: _____

When the form is complete please attach a cheque marked VOID and return to:

Society for Christian Education in Southern Alberta
802 - 6 Ave N.
Lethbridge, AB T1H 0S1
(403) - 327 - 4223