

Pre-authorized Debit (PAD) Agreement

SAINT MATTHEW ROMANIAN ORTHODOX CHURCH OF OTTAWA

Date: _____

I want to support SAINT MATTHEW ROMANIAN ORTHODOX CHURCH OF OTTAWA through monthly donations.

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

_____ \$20 _____ \$50 _____ \$100 Other Amount _____ (specify)

The debit will be processed to your account on the 18th day of each month or the next business day.

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.

SAINT MATTHEW ROMANIAN ORTHODOX CHURCH OF OTTAWA

19 Cordova Street

Ottawa, ON, K2G 1M9

Tel: [613-421-4792](tel:613-421-4792) (Casier Georgeta Marinescu)

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.