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Phone: (905) 330-3920
Email: give@themeadowchurch.ca
Website: www.themeadowchurch.ca

Pre-Authorized Debit (PAD) Agreement Form

Thank you for supporting The Meadows Church through monthly donations. Please complete this Pre-Authorized Debit (PAD) Agreement Form and return it by email to the above address.

Name: _____
(Please print)

Address: _____
(apartment/suite number, street address)

(city, province, postal code)

Phone: _____ E-mail: _____

I authorize **The Meadows Baptist Church** to debit my bank account:

In the amount of: \$50 \$100 \$150 \$200 Other \$ _____
(check one) (specify)

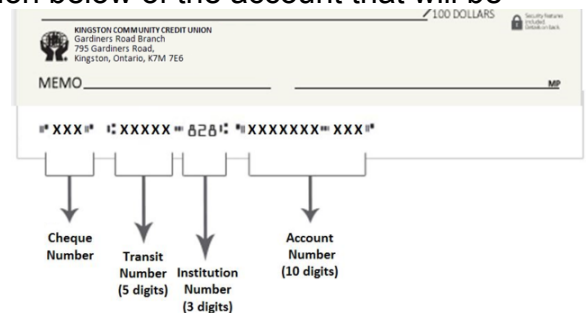
Every Sunday Every Second Sunday **OR**

on the _____ of each month
(day or days)

Commencing on: _____, _____
(month) (year)

Please attach a VOID cheque or fill out the information below of the account that will be debited.

Transit Number: _____
Institution Number: _____
Account Number: _____



I may cancel my monthly donations at any time by contacting The Meadows Church directly. I understand that it could take up to 30 days to cancel depend upon when the request is made.

Signature: _____ Date: _____