



**compass  
point** BIBLE CHURCH

## Pre-Authorized Contribution Agreement

1500 Kerns Road  
Burlington, ON L7P 3A7  
Tel: 905-336-0500

Email:  
envelopesteward@compasspointbc.com

Your regular contribution to Compass Point Bible Church can be made efficiently and economically by using an automatic funds transfer system called the Pre-Authorized Payment plan.

Using this plan, your contribution will be made directly from your bank to Compass Point Bible Church once per month, twice per month, or weekly.

- You'll save the cost of cheques.
- You'll save worry - you won't have to be concerned about whether you remembered to make your contribution.
- We'll receive your contribution even if you are away on business or vacation.

Complete the attached Payor's PAD Agreement, and return it, WITH A VOID CHEQUE, to the Envelope Steward at the address indicated. Please remember to allow three weeks to process your request. Changes to amount or banking information can be made at any time by simply completing another form and indicating "change of information". Please allow three weeks for changes to be made.

I may revoke my authorization at any time, subject to providing notice of 14 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.payments.ca](http://www.payments.ca).

### PAYOR'S PAD AGREEMENT

I/We hereby authorize Compass Point Bible Church to arrange for automatic deductions from my bank account to the Unified Fund as follows:

Amount per deduction: \$ \_\_\_\_\_

Commencing: \_\_\_\_\_

This contribution is made on behalf of:

\_\_\_\_\_an Individual \_\_\_\_\_a Business

Personal Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ PC: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Withdrawal to be on the:

1<sup>st</sup>       15<sup>th</sup>       weekly (Mondays)

Initial Setup       Change of Information  
 Cancellation of Agreement

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.payments.ca](http://www.payments.ca).

This authorization may be cancelled at any time upon written notice of 14 days.

Signature \_\_\_\_\_

Date: \_\_\_\_\_