



Brant  
**Community**  
Church

Brant Community Church  
Pre-Authorized Giving Application  
(Electronic Funds Transfer)

**Donor Information (please print clearly):**

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

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

I authorize Brant Community Church and the financial institution designated (or any other financial institution I may authorize at any other time) to begin debits as per my instructions detailed as follows:

Debit Frequency:            Weekly (Monday) \_\_\_\_\_            Bi-Weekly (every second Monday) \_\_\_\_\_  
   Monthly (1<sup>st</sup> of the Month) \_\_\_\_\_            Semi-Monthly (1<sup>st</sup> & 15<sup>th</sup> of the month) \_\_\_\_\_

Debit Amount: \$ \_\_\_\_\_ Start Date \_\_\_\_\_

This donation is made on behalf of \_\_\_\_\_ an Individual \_\_\_\_\_ a business

Financial Institution Information (required): The application must be accompanied with either a VOID cheque or a Pre-Authorized Debit form (supplied to you by your bank).

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

**Church Address/Contact info**

Ryan Guthrie  
Brant Community Church  
69 Superior St,  
Brantford, ON N3S 2K5B  
Phone: (519) 756-3993  
Email: [finance@brantcommunitychurch.ca](mailto:finance@brantcommunitychurch.ca)

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

Signature(s) as required on cheque issued against on this account

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(MM/DD/YYYY)

The required can be scanned and emailed to [finance@brantcommunitychurch.ca](mailto:finance@brantcommunitychurch.ca) or placed in a sealed envelope marked "CONFIDENTIAL: TREASURER" and placed in an offering box or handed in to office. Forms must reach Brant Community Church before the 15th of the month in order to start withdrawal the following month.