

Pre-Authorized Payment Form

(This form can be used for first time setup, or to make changes to your banking information)

Northview Community Church

I/We,	Name:
	Address:
	Ph. No:
in the	st and authorize Northview Community Church to debit my/our account on the 1st of every mont amount of \$, starting on the 1st of (enter month). This bution is made on behalf of:
744 Sa	view Community Church angster Boulevard a, Saskatchewan, S4R 7N8
This do	onation/payment is made by (check one): Individual(s) Business
	Please attach a VOID cheque MACCULAT HOLDE MANE OFF, HOWER FOOL. CORE MATERIAL TORS MATERIAL
Signed	l: Date:
and stand	ee to be bound by, comply with, respect and apply all relevant provisions of the Canadian Payments Act and all related by-laws, rules dards in force from time to time as they apply to PAPs including, without limitation, the Confirmation/Pre-notification requirements of Pre-notification requirements and cancellation requirements as set out in Rule H1.
• I ma sub visi: • I ha righ aut fina	ay change the amount of my contribution at any time subject to providing notice of 21 days. By revoke my authorization at any time, subject to providing notice of 21 days at which time I will omit a cancellation form obtained from the Church office or by contacting my financial institution or ting www.cdnpay.ca. It is not authorized or is not consistent with this prehorized payment agreement. To obtain more information on my recourse rights, I may contact my ancial institution or visit www.cdnpay.ca.
• I wa	sive my right to receive pre-notification of the amount of the Pre-Authorized Payment and agree that I

The use, retention and disclosure of personal information collected from this form is done in compliance with privacy legislation, including but not limited to, the Personal Information Protection and Electronic Documents Act (2000, c.5).

do not require advance notice of the amount of Pre-Authorized Payment before the debit is processed.