

**Saint James Lutheran Church
871 Cavalier Drive
Winnipeg, Manitoba
R2Y 1C7**

Pre-Authorized Debit (PAD)

I want to support Saint James Lutheran Church through monthly contributions.

Please debit my bank account: (attach VOID cheque)

Amount \$_____ for General Offerings

The pre-authorized debit will be processed to your account on the 15th day of each month or the next business day beginning the month of _____

Name of Donor: _____

Street Address: _____

City, Province: _____

Postal Code: _____

Church Offering Envelope Number: _____

Signature: _____

Date: _____

This contribution is made on behalf of (check one): ___an Individual ___a Business

I may revoke my authorization at any time by contacting the congregational Treasurer or Financial Secretary, subject to providing notice of 30 days. To obtain a 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.

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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
Phone: 204-837-8268 email: sjchurch@mymts.net