CORNERSTONE WESLEYAN CHURCH

REQUEST FOR PRE-AUTHORIZED DEBIT PLAN

For your convenience, Cornerstone Wesleyan Church now offers Pre-Authorized Debit (PAD). PAD will occur on the **1st** and/or **16th** of each month. You may choose to have one or two deductions made each month.

Please complete the following and **attach a MICR encoded blank cheque marked "VOID"**

Deduction Amount:

General Fund: $ _____

Missions: $ _____

Bob/Brenda Bagley (WM04-0350): $ _____

Total: $ _____

Deduction Frequency:
(Please Check One)

____ One deduction per month: ____ 1st ____ 16th

____ Two deductions per month (1st and 16th of each month)

PAD Start Date **OR** Effective Date for Change in Deduction Amount: _____

Payor's Acknowledgement:

The undersigned Payor(s), (each), being a Payor that is not one and the same as the Payee that issued this Payee Letter of Undertaking, hereby acknowledges the provisions of this Payee Letter of Undertaking and confirms to the Bank that it has authorized the Payee to issue cash management debits in relation to the Payor(s)'s account(s) with a Processing Member. The Payor further acknowledges that in the event of any dispute, no recourse will be provided through the clearing system and the Payor must address any such disputes directly with the Payee.

This Acknowledgement may be cancelled or revoked at any time upon notice being provided to the Payee either in writing or orally.

Banking Information:

Name of Bank/Financial Institution: _____

Branch Address: _____

Branch Transit Number: _____ Bank Number: _____

Account Number: _____

Depositor Name(s): _____

Name of Payor/Depositor (Print): _____ **Envelope No.** (Office Use) _____

Signature of Payor/Depositor: _____ **Date:** _____

Email of Payor/Depositor _____

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