

**Pre-Authorized Debit (P.A.D.) Agreement**

**1. Member Information**

Mount Hamilton Baptist Church 626 Upper Wentworth Street Hamilton, Ontario L9A 4V3	Account <b>3162310 - 202</b>  Telephone: (905) 575-0570
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**2. Bank Information**

Withdrawal Account Number \_\_\_\_\_

Branch Transit Number \_\_\_\_\_

Financial Institution Number \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

Branch Address \_\_\_\_\_

Total Amount \_\_\_\_\_ (General \_\_\_\_\_ Benevolent \_\_\_\_\_)  
(Monthly \_\_\_\_\_ Bi-monthly \_\_\_\_\_ Every two weeks \_\_\_\_\_ Weekly \_\_\_\_\_ )

Start Date \_\_\_\_\_ (Allow ten (10) days to process)

End Date (if applicable) \_\_\_\_\_

Church Envelope Number \_\_\_\_\_

**3. Authorization**

You, the Payor, authorize Momentum Credit Union, to debit the bank account identified above in Section 2, and credit the bank account at Momentum Credit Union indicated in Section 1.

You, the Payor, may revoke your authorization at any time in writing subject to providing notice of ten (10) days. To obtain a cancellation form or for more information on your right to cancel a Pre-Authorized Debit Agreement, contact Momentum Credit Union or visit [www.cdnpayca](http://www.cdnpayca).

**Signature of Account Holder** (from Section 2)      **Signature of Joint Account Holder** (if applicable)

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_  
(Please Print)

Name: \_\_\_\_\_  
(Please Print)

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

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

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for *any* debit that is not authorized or is not consistent with this Pre-authorized Debit Agreement. To obtain more information on your recourse rights, contact Momentum Credit Union or visit [www.cdnpay.ca](http://www.cdnpayca).

Authorized Signature: \_\_\_\_\_