



COMOX VALLEY UNITARIAN FELLOWSHIP

PAD (Pre-authorized Debit) Agreement

1. I wish to support the Comox Valley Unitarian Fellowship through monthly donations. (√) ____
2. This is a **NEW** (√) ____ or a **REVISED** (√) ____ Preauthorized Debit
3. Please debit my bank account by the following amount. (√):
\$25 __, **\$50** __, **\$100** __, **\$200** __, **\$300** __, **OR Other (specify)** \$_____
4. Please process this debit donation through my account on (√): the 1st of each month__, OR, the 15th of each month__, OR, both__.

Starting on: _____ (year/month/day)

5. Donor: Please print **VOID** on a sample cheque for this account (√).
__ VOID cheque on this account is **attached** OR
__ VOID cheque on this account was **submitted previously**

6. **Donor name** (print) _____

Signature: _____ Date: _____

Donor contact information (address, postal code, telephone, email)

7. Do **NOT** submit this form to your bank. Please forward this form and void cheque to:

cvuftreas@gmail.com

Or mail to; The Comox Valley Unitarian Fellowship, 250 Beach Street, Comox, B.C. V9M1P9

8. To cancel or modify this agreement, please contact the our Treasurer;

Mike Gladman; Cel; 778-992-0112 cvuftreas@gmail.com

Donors have certain rights if any debit does not comply with this agreement. For example, the donor has 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 recourse rights, please contact your financial institution or visit www.cdnpay.ca

Thank-you for your generosity! website: <http://cvuf.ca>