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Please choose one of the following:	
☐ *New pre-authorization	☐ Change amount
☐ *Change bank information	☐ Cancel authorization
*Please attach a cheque ma	rked "VOID", if applicable.
Please indicate the frequency that works	for you:
☐ 1 st of month Amount \$	
☐ 15 th of month Amount \$	
Your Sig	gnature

I/we, hereby authorize First Baptist Church to withdraw the specified above from my/ our financial institution on a monthly basis. I/we understand that this authorization may be cancelled or changed at any time upon written notice.

I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a sample 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.

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.

