

**QUINTE ALLIANCE CHURCH**  
373 Bridge Street West  
Belleville, Ontario K8N 4Z2  
office@quintealliancechurch.ca

**613-969-4473**

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

**I wish to support Quinte Alliance Church with monthly debits to my Bank Account** (*please attach void cheque*)

*Please debit my bank account*                      *Weekly* \_\_\_\_\_  
*in the amount of \$* \_\_\_\_\_                      *Monthly* \_\_\_\_\_  
*Starting date* \_\_\_\_\_

<b>Bank</b>
<b>Account number</b>
<b>Transit Number</b>
<b>Bank Address</b>
<b>Account type</b> <b>Chequing</b> <b>Savings</b>

Designation:    General Fund                      \_\_\_\_\_  
                      Global Missions (GAF)                      \_\_\_\_\_  
                      New Ventures Fund                      \_\_\_\_\_  
                      Local Missions                      \_\_\_\_\_  
                      Building Fund                      \_\_\_\_\_

Donations to other designations please use the envelopes

I may revoke this authorization at any time with 30 day notice to the Treasurer of Quinte Alliance Church through the office. To obtain a sample cancellation form, or for more information on my right to cancel a PAD contract, you may contact [www.cdnpay.ca](http://www.cdnpay.ca) or your financial institution.

You have certain recourse rights if any debit does not comply with this agreement. You have the right to reimbursement if the debit is not authorized or is not consistent with this PAD agreement. You can get more information at your Financial Institution or at [www.cdnpay.ca](http://www.cdnpay.ca)

*Signature:* \_\_\_\_\_