

Grand Centre Alliance Church

PRE-AUTHORIZED PAYMENT (PAP) AGREEMENT

Donor Information - Please print clearly					
Donor Number	Surname	First Name(s)			
Home Phone No	Cell Phone No	Email			
Address	Apt	PO Box	City	Prov	PO Code
Pre-Authorized Payment (PAP) Details					
These payments are Personal/Individual PAPs for the purpose of making charity donations.					
I/We authorize Grand Centre Alliance Church to debit my/our bank account with the following amount and frequency of donations and subject to the terms and conditions listed below.					
Financial Institution Info	Attach a VOID cheque or a "VOID CHEQUE Banking Information" form from your financial institution.				
Start of First Donation					
Frequency (check one)		You may choose to distribute your donation between any of the listed funds or simply put in the Total Amount. Any undesignated funds will be assigned to the Operating Fund.			
<input type="checkbox"/> 2nd of every month		Operating Fund	\$		
<input type="checkbox"/> 17th of every month		Global Advance	\$		
<input type="checkbox"/> 2nd and 17th of every month		Canadian Ministries	\$		
Note: If you are choosing to give twice a month please enter only what you want taken for each payment amount, not the total monthly amount.		Capital Fund	\$		
		Missions Partnership	\$		
		Total Amount	\$		
Payor Signature		Payor Signature(required if two must sign)		Date	
Terms and Conditions					
You may revoke your authorization, change account information, or adjust the payment amount and/or frequency at any time, subject to providing 10 days' notice before the start of the month in which you are requesting a change in your PAP frequency or amount or 10 days' notice before the end of the month in which you wish to make your last PAP. Notice must be given in writing: by email, fax or letter to the contact listed below.					
Changing your authorization information (other than changing the distribution, if the total remains the same) will require submitting a new PAP authorization form.					
You will normally be pre-notified in writing, with the details of your PAP, at least 10 days before the start of your first PAP or before the start of a change that you have requested in your PAP agreement. This acknowledgement will also contain a description of the information required to cancel your PAP. To obtain more information on your right to cancel a PAP Agreement, you may contact your financial institution or visit www.cdnpay.ca .					
Submission of this agreement with your signature constitutes a waiver of your right to receive pre-notification of each PAP, and confirms that you do not expect to receive advance notice of the amount and date of each PAP before the debit is processed. You agree by your signature above that the instructions you have given on this Agreement Form constitute your notice of the amount and frequency of the debits to be processed to your account.					
Recourse/Reimbursement					
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 PAP Agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca .					
Contact Information					
Please mail, fax or drop off your completed PAP form and VOID cheque or "VOID CHEQUE Banking Information" form from your banking institution using the contact information on the right.			Attn: Finance Grand Centre Alliance Church 5403 - 56 Street Cold Lake, AB T9M 1R4		
You may also contact us by mail, email or fax to make inquiries, obtain information or seek recourse with respect to any PAP issued by us.			Fax: 780-594-5017 Email: finance@gcalliance.org		