



GREENFIELD
COMMUNITY CHURCH

3712 – 114 Street
Edmonton, AB T6J 1M1
Phone: 780-435-1060

Date: _____

I want to support Greenfield Community Church through monthly donations.

Please debit my bank account for the amount of \$ _____ .

Attach a VOID cheque. (The debit will be processed to your account on the 15th day of each month or the next business day.)

Signature: _____

Donor Name: _____

Address: _____

Phone: _____

E-mail: _____

This donation is made on behalf of : _____ an individual _____ a business

I may revoke my authorization at any time, subject to providing notice of 14 days. To request cancellation, email the church office (office@greenfieldchurch.ca) or provide written notice to the church office.

For more information on my right to cancel a Pre-authorized Debit (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.