

## KINGSVIEW FREE METHODIST CHURCH

## 15 Kingsview Boulevard, Etobicoke, Ontario M9R 1T5 Tel: 416-248-5000 Fax: 416-248-4273 E-mail: office@kingsviewfm.com Pre-authorized Debit (PAD) Agreement

1. Customer In	formation (Please print clearly)		
First Name:		Last Name:	
Company Name (	(if applicable):		
Mailing Address:			
City:		Postal Code:	
Phone:		Alt. Phone:	
		Individual Business (named abo	
	· · · · · ·		
2. Contribution	Information		
		is to be designated to the following fund	
General Offerin	gs	Anniversary Fund	
Benevolence		FMCiC Missions	
At	total of \$ is	to be debited from my account	each month.
Please indicate th 1 <sup>st</sup> or		debit processed against your account eac	
		o providing notice of at least 30 days. To ob Agreement, I may contact my financial inst	
3. Banking Infor	rmation (Attach a VOID cheque)		
Account #		Transit #:	
Financial Instituti	on #:		
Financial Instituti	on Name:		
Financial Instituti	on Address:		
to receive reimburs	ement for any debit that is not aut	debit does not comply with this agreement. horized or is not consistent with this PAD A financial institution or visit <a href="www.cdnpay.ca">www.cdnpay.ca</a>	greement. To obtain more
Signature:		Date:	
For Internal Use:	KFMC Envelope #:	Processed By:	Date: