



**Westwood  
Unitarian  
Congregation**

***Pre-Authorized Debit Agreement Form***

**Member/Friend Information**

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**Phone Number:** **Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Pre-Authorized Debit**

I hereby authorize Westwood Unitarian Congregation to debit my account in the amount of  
 \$ \_\_\_\_\_ by method of electronic funds transfer on the \_\_\_\_\_ (*1<sup>st</sup>, 15<sup>th</sup>, or 31<sup>st</sup>*)  
 day of each month beginning \_\_\_\_\_

These services are for (*check one*)  personal use  business use

**I, the payer, may revoke this authorization at any time, subject to providing 30 days written notice.**

**Banking Information**

**If you attach a VOID cheque, you do not need to complete the banking information.** Otherwise, all banking information must be provided. Withdrawals may also be made from a savings account.

**Bank Transit #** \_\_\_\_\_ **Bank Route #** \_\_\_\_\_ **Account #** \_\_\_\_\_  
**Name of Bank:** \_\_\_\_\_  
**Bank Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

*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 PAD that is not authorized, or is not consistent with this PAD agreement. To obtain a form for a Reimbursement Claim, or for more information on any recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).*

**Account Holder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Payee Contact Information**

Westwood Unitarian Congregation  
 11135 – 65 Avenue, Edmonton AB, T6H 1W3  
 780 434 5819