



Lakemount

W O R S H I P C E N T R E

54 North Service Rd.,
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PRE-AUTHORIZED DEBIT AGREEMENT – 15th DAY

I, _____, request that Lakemount Worship Centre debit my bank account \$_____ on the 15th day of each month (or next business day) and direct these funds to the LWC General Fund (tithe). Attached is a **VOID cheque**.

I understand that all information will be held in the strictest of confidence and access to my bank account will only occur as directed on the 15th day of each month. I may revoke/change my authorization at any time, (subject to providing 15 days notice) by email or written, signed direction sent to Cathy Brown (cbrown@lakemount.ca). For more information on my right to cancel a 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.

Signature

Date

Address: _____

Phone #: _____ Email: _____