



Riverbend Lutheran Church  
495 Rhatigan Road East  
Edmonton, Alberta T6R 1J2  
(780) 430 – 7382

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rlcoffering@gmail.com

## Monthly Pre-Authorized Debit Sign-Up Form

### 1. Member Information (please print clearly):

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### 2. Bank Account Information:

Financial Institution Number (3 Digits): \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Financial Institution Branch Address: \_\_\_\_\_

Deposit Account Number: \_\_\_\_\_ Branch Transit Number: \_\_\_\_\_

Chequing Account: ☐ Savings Account: ☐

### 3. Pre-Authorized Debit (PAD) Details:

You, the Payor, authorize **Riverbend Lutheran Church** to debit the bank account identified above for \$ \_\_\_\_\_ each month.

These services are for (check one) \_\_\_\_\_ personal / \_\_\_\_\_ business use.

You, the Payor, may revoke your authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit [www.payments.ca](http://www.payments.ca).

Signature of Account Holder:

Signature of Joint Account Holder (if applicable)

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_  
(Please print)

Name: \_\_\_\_\_  
(Please print)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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 PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.payments.ca](http://www.payments.ca)