



ST. TIMOTHY'S  
ANGLICAN CHURCH

**AUTHORIZATION REQUEST**

**Donor Information**

_____ Name	_____ Email
_____ Address	_____ City
_____ Province/Postal Code	____ Business <input checked="" type="checkbox"/> Personal

**Payment Detail**

I/we authorize St Timothy's Church to debit my account for monthly regular recurring payments and/or one-time payments as follows:

_____ Amount	_____ Frequency <sup>(1)</sup>	_____ Process date <sup>(2)</sup>	_____ No. of payments <sup>(3)</sup>
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I authorize St Timothy's Church to debit my bank account as outlined in the payment terms of this agreement.

I agree to waive any legislative or regulatory requirement for pre-notification.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain more information about your recourse rights, you can visit [www.payments.ca](http://www.payments.ca).

This authority is to remain in effect until St Timothy's Church has received written notification from me/us of its change or termination.

This notification must be received at least ten (10) business days before the next debit is scheduled. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at [www.payments.ca](http://www.payments.ca). Please attach a void cheque or fill in your bank account details:

_____ Transit	_____ Bank ID	_____ Account Number
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_____ Signature	_____ Date	_____ Envelope #
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Notes:

1. Frequency can be one-time or monthly.
2. Day of the month you wish your donation to be debited to your bank account.
3. Number of months you wish to donate. It can be once, 12, 24 or unlimited, but that can be changed at any time by writing to St Timothy's Envelope Secretary or by email to [donatetosttimothys@gmail.com](mailto:donatetosttimothys@gmail.com).