



15 Haldimand Rd 66
Caledonia ON N3W 1N7
T 905-765-5407 F 905-765-1864

Pre-Authorized Payment (PAP) Request

I/We hereby authorize the bank or financial institution named below to debit my/our account each month and provide the payments to Gateway Church. The monthly debit to my account is schedule for the **1st and/or 15th day of each month.**

I/We may cancel this authorization at any time, by providing written notice to Gateway Church. I/We will provide notification at least ten (10) business days before the next schedule debit. I/We may obtain a sample cancellation form, or more information on my/our rights to cancel a PAP Agreement at my/our financial institution or by visiting www.cdnpay.ca.

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 debit that is not authorized or is not consistent with this PAP Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca

Receipt of this authorization by Gateway Church constitutes delivery by me to the bank or financial institution named below. I/We affirm that all persons whose signatures are required to authorize withdrawals from the account below have signed this authorization. I/We agree that the information contained in this authorization may be disclosed to CIBC as required to complete any pre-authorized debit transaction.

PLEASE PRINT

DATE: _____

Name(s): _____

Address: _____

City: _____ Province _____ Postal Code _____

Phone Number: _____ Email Address: _____

Bank or Financial Institution: _____

Bank Address: _____

Bank Account Number:

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Bank Transit Number:

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This Donation is made on behalf of: ☐ **an Individual** ☐ **a Business**

Amount of Pre-Authorized Payment \$

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(attach VOID Cheque)

Payment Date: 1st and/or 15th of each month

Funds to be used for:	General Fund	\$ _____	Church Planting	\$ _____
	Global Advance	\$ _____	Binbrook	\$ _____
	District Ministries	\$ _____	Legacy Fund	\$ _____
	Debt Red / Facility Expansion	\$ _____		
	Compassion Fund	\$ _____		

Authorized Signature

Second Authorized Signature (if needed)