

UNIVERSITY CHAPEL
PERSONAL PRE-AUTHORIZED PAYMENT ("PAP") FORM
CHARITY DONATION

I/WE HEREBY AUTHORIZE THE DEDUCTION OF THE FOLLOWING
AMOUNT FROM MY/OUR BANK ACCOUNT ON APPROXIMATELY
THE FOLLOWING DAY OF THE MONTH:

15th _____

30th/31st _____

Please indicate whether the withdrawal will occur semimonthly, monthly, quarterly or annually

Semimonthly _____

Monthly _____

Quarterly _____

Annually _____

Amount To Be Withdrawn: \$ _____

BANK ACCOUNT INFORMATION:

Bank #: _____

Transit #: _____

Account #: _____

PLEASE ENCLOSE A BLANK CHEQUE MARKED "SPECIMEN"

Recourse/Reimbursement: We have certain recourse rights if any debit does not comply with this agreement. For example we have the right to receive reimbursements for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on our recourse rights, we may contact your financial institution or visit www.cdnpay.ca.

Cancellation of Agreement: This Authorization may be cancelled at any time upon notice by us to University Chapel at least 14 days prior to the PAD being issued. A sample cancellation form or further information on your right to cancel this PAD agreement may be obtained at your financial institution or by visiting www.cdnpay.ca.

(OVER)

DATE: _____

NAME

ADDRESS

CITY

POSTAL CODE

TELEPHONE NUMBER

EMAIL ADDRESS

SIGNATURE

SIGNATURE (JOINT ACCOUNT)

University Chapel Contact Information:

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