PRE-AUTHORIZED GIVING AGREEMENT

Lakeside North

Date: _____

Last Name | First Name

Address | City | Postal Code

Home Telephone | Work Telephone | Email

I authorize Lakeside Church and the financial institution designated (or any other financial institution I may authorize at any time) to begin debits as per my instructions detailed as follows:

Financial Institution Information: (attach VOID cheque)

Debit Frequency

Weekly (Monday) ☐ Bi-weekly (Monday) ☐

Monthly (1st) ☐ Twice Monthly (1st & 15th) ☐

Debit Amount $ _____ Start Date _____

I give my consent to Lakeside Church to increase my PAG yearly by the Cost of Living percentage. ☐

Signature _____

This donation is made on behalf of: _____ an Individual _____ a Business

I may revoke or modify this authorization at any time, subject to providing notice of at least ten (10) business days before the next scheduled debit at the address provided below. To obtain a sample cancellation form, or for more information on my right to cancel a PAG (PAD) agreement, I may contact my financial institution or visit www.cdnpay.ca

Kevin Lloyd
Lakeside Church
PO Box 24042
Guelph, Ontario, N1E 6V8
Telephone: 519 836 8141 ext 232
Email: klloyd@lakesidechurch.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 PAG agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca .