



## PRE-AUTHORIZED GIVING AGREEMENT

### Lakeside Church

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

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Last Name  First Name

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Address  City  Postal Code

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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 (1<sup>st</sup>)   Twice Monthly   
   (1<sup>st</sup> & 15<sup>th</sup>)

Debit Amount \$ \_\_\_\_\_ Start Date \_\_\_\_\_

Check this box if you would like to increase your PAG at the start of each calendar year by 2% to reflect the annual cost of living?

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](http://www.cdnpay.ca)

Kevin Lloyd  
Lakeside Church  
7654 Conservation Road  
Guelph, Ontario, N1H 6J1  
Telephone: 519 836 8141 ext 232  
Email: [klloyd@lakesidechurch.ca](mailto: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](http://www.cdnpay.ca) .