



I want to support  
Eucharist Church of Hamilton  
through regular donations.

Please debit my bank account: *(attach VOID cheque or provide banking information)*

Name of Account Holder(s): \_\_\_\_\_

Name of the Financial Institution: \_\_\_\_\_

Transit Number (5 digits): \_\_\_\_\_ Acct Number: \_\_\_\_\_

In the amount of \$ \_\_\_\_\_ on \_\_\_\_\_ the 5th day of the month  
(please check one option on the right) \_\_\_\_\_ the 20th day of the month  
\_\_\_\_\_ the 5th **and** the 20th day of the month

*The debit will be processed on the date(s) you elected above or the next business day.*

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

Donor Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Information: \_\_\_\_\_

*This donation is made on behalf of: \_\_\_\_\_ an individual \_\_\_\_\_ a business*

I may revoke my authorization at any time, subject to providing notice of **five (5) business days**.  
To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I  
may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

Eucharist Church of Hamilton  
130 Victoria Ave N  
Hamilton Ontario, L8L 5E5  
email: [finance@eucharistchurch.ca](mailto:finance@eucharistchurch.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 PAD  
Agreement. To obtain more information on my recourse rights, I may contact my financial institution or  
visit [www.cdnpay.ca](http://www.cdnpay.ca)