DACS DUFFERIN AREA CHRISTIAN SCHOOL

394016 County Rd 12
Amaranth, On, L9W 0N2
519-941-4368
o/o by Canadian Reformed School Society of Dufferin

Pre-authorized Debit (PAD) Agreement

Yes, I wish to support the Canadian Reformed School Society of Dufferin through the use of regular monthly withdrawals from my bank account. Please debit my bank account on a monthly basis as calculated below.
A blank VOID cheque has been attached to this form, to verify my account information. I have checked my appropriate category in the box below, and entered any additional donations I may wish to contribute.

Recurring	I wish to make regular monthly donations of this amount	$ _____

Please debit my account on the 15th or the 30th of each month, **OR**
please divide my contribution into two equal payments on the 15th and 30th monthly

Authorization		Contact Info	
Donor Name:	First Name	Address:	
	Last Name		
		City:	
Signature:		Prov:	
Effective Date:		Postal Code	
		Email:	

Terms and Conditions:

This authority is granted, and will remain in effect, until I have provided written notification to the Canadian Reformed School Society of Dufferin of its change or termination. This notification must be received by the Treasurer of the Society **at least ten (10) business days before the next debit is scheduled**.

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 make inquiries, or to obtain additional information with respect to this authorization, contact the treasurer.
When completed, **please return this form, with a void cheque, or direct debit form from your bank to the treasurer** of the Society at dacsfinance@gmail.com