



The Sanctuary Pre-Authorized Offering Option
A safe, simple and secure way to give.

Here is a convenient way to give your weekly, monthly or semi-monthly offerings to The Sanctuary.

Complete and sign the enrolment/authorization form below.

With our pre-authorized payment option, your offering is given automatically on the date you have specified.

Attach a personal or business blank cheque marked "VOID".

Changes in giving amounts can be made as needed, at our office, with 30 days prior written notice.

Bring the enrolment/authorization form and void cheque next Sunday to church and place in the offering or mail it to the church office.

If you have questions, please phone the church office at 905-257-3987.

**The Sanctuary
Pre-Authorized Payment Authorization Debit (PAD)**

Personal/Family PAD _____ OR Business PAD _____ (check one)

Payor's Name _____

Address _____

City & Province _____

I (we) authorize **The Sanctuary** to process a debit, in paper, electronic or other form on my (our) bank account in the amount of:

Weekly: \$ _____ **Account debited on** _____ .
(Amount) (Monday–Saturday)

OR

Monthly: \$ _____ **on the** _____ **of each month beginning** _____ .
(Amount) (day) (date)

OR

Semi-Monthly: \$ _____ **on the** _____ **and** _____ **of each month beginning** _____ .
(Amount) (day) (day) (date)

I (we) acknowledge that I (we) have read, understood and accepted all the provisions contained in the terms and conditions of the Pre-Authorized Payment Authorization and that I (we) have received a copy.

Personal/Household PAD only Signature of Payor(s) _____ Date _____
 _____ Date _____

Business PAD only
 Name(s) of Authorized Signing Officer(s) _____
 Signature(s) of Authorized Signing Officer(s) _____ Date _____
 _____ Date _____

I may revoke my authorization at any time, subject to providing written notice of 30 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.

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.

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