

3 SIMPLE STEPS

TO SET UP PRE-AUTHORIZED GIVING

WITH



- 1 Complete (type)** your fillable pre-authorization form on the second page below, making sure to include your preferred processing date of either the **1st** or **15th** of each month.
- 2 Print** your completed pre-authorization form and **write your signature** at the bottom.
- 3 Return** the completed and signed form to The Cross Current, along with a void cheque OR account form from your bank, in any of the following ways:
 - ▶ **Email:** take a picture or scan both documents and email to: **admin@thecrosscurrent.com**.
 - ▶ **Regular mail:** mail back to us at: The Cross Current, P.O. Box 35032, London ON, N5W5Z6

HAVE QUESTIONS OR NEED HELP?

Please contact **Karen Loney**, our **Donor Relations Volunteer**, directly at: **karen@thecrosscurrent.com** or (Toll Free) 1-888-962-7677 x.702.

We thank God for you and your partnership in His Gospel!



The Cross Current Direct Debit Program Authorization Form

I want to support **The Cross Current** through monthly donations.

Please debit my bank account: (attach VOID Cheque)

 \$25 \$50 \$75 Other Amount \$ (specify)

The debit will be processed to your account on the day of each month or the next business day.

DONOR (PAYOR) INFORMATION (Please Print):

Business Name (if applicable):

Last Name:

First Name:

Street Address:

Telephone:

City/Town:

Postal Code:

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

PAYEE : The Cross Current

PO BOX 35032 London ON N5W 5Z6

Telephone: (226) 663-1822

This agreement may be cancelled at any time by providing **The Cross Current** notice in writing or orally (with proper authorization to verify the identity of the payor), 30 days prior to the next PAD being issued. In order to revoke this authorization, I/We must provide notice of revocation to **The Cross Current** . For more information on my right to cancel a PAD, I may contact my financial institution or visit www.cdnpay.ca .

I/We have certain recourse rights. I/We may dispute this PAD under any of the following conditions:

- (a) the pre-authorization debit was not drawn in accordance with this Payor's PAD Agreement; or
- (b) this Payor's PAD Agreement was revoked; or
- (c) pre-notification was not received and such pre-notification is required under the terms of this Payor's PAD Agreement.

In order to be reimbursed, I/We acknowledge that a declaration to the effect that either (a) (b) or (c) took place, must be presented to our financial institution's branch up to and including 90 calendar days in the case of a personal PAD (or up to and including 10 calendar days in the case of a business PAD), after the date on which the PAD in dispute was posted to my/our account. After such time, I/We acknowledge that the dispute must be resolved solely between me/us and **The Cross Current**.

To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca .

Signature(s): _____

Date: _____