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**Edmonton Se'alite Mihret
St. Mary Ethiopian Orthodox
Tewahedo Church**

Pre-authorized Debit (PAD) Agreement

Date: _____

I want to support **Edmonton Se'alite Mihret St. Mary Ethiopian Orthodox Tewahedo Church** through monthly donations.

Please debit my bank account: (attach VOID cheque)

___ \$30 ___ \$50 ___ \$80 ___ \$100 Other Amount ___ (specify)

The debit will be processed to your account on the 10th day of each month or the next business day.

Signature: _____

Donor Name: _____

e-mail address: _____

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 (Payee to insert period - not to exceed 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.payments.ca.

**St. Mary's Ethiopian Orthodox Tewahedo Church
16302 106 AVE NW
Edmonton, AB T5P 0W9**

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.payments.ca.

Upon completion of this form, please attach a VOID cheque and send it via e-mail to Sealitemihretdmonton@gmail.com