

What is Automatic Bank Withdrawal?

In today's society, many of us use automatic withdrawal for a number of our regular payments. It's convenient and ensures that we don't miss an important payment. Automatic Withdrawal is an efficient way for you to give to the ministries of Hillside.

Is it the same as putting my envelope in the offering bag?

Yes, except you don't have to fill out cheques or offering envelopes. You still indicate the amount given and where you want to designate your giving. You can also still give through the offering bag over and above your Automatic Withdrawal amount for special offerings as you feel led.

How do I get started?

Complete the authorization form opposite and enclose it in an Offering Envelope along with your VOID cheque or credit card information. Put the envelope in the offering bag or bring it to the church Monday-Thursday 9am-1pm. All the information required is on your cheque. If you do not have a blank cheque, please ask your bank for your bank number, transit number and your account number and include this information with your Authorization Form.

Can I change or cancel?

Yes, you can change or cancel the amounts or designations by using the form on the opposite page. Please note that cancelling or changes may take up to 15 days.

**For more information, please contact
accounting@myhillside.ca.**

Automatic Bank Withdrawal Authorization Form

Today's Date _____

I WOULD LIKE TO:

☐ start ☐ change ☐ cancel

I want to support Hillside Community Church through monthly donations and authorize Hillside Community Church to debit my account on the 1st business day of each month for the amount entered below, until I give notice to change or cancel.

General Fund \$ _____

Mission Fund \$ _____

Other _____ \$ _____

Total Donation Amount \$ _____

I am: ☐ an individual ☐ a business

Name: _____

Address: _____

City _____ Prov. _____

Postal Code _____ Phone _____

Email: _____

☐ I have enclosed a void cheque

OR

☐ My credit card information is below

Name on Credit Card: _____

☐ MasterCard ☐ Visa

Card Number _____

Expiry: Month _____ Year _____

I may revoke my authorization at any time, subject to providing 15 days notice. 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 the PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

**Please seal completed Form in an Offering Envelope
and deposit it in the offering bag.**

