

St. Paul's Anglican Church Hazeldean Kanata

Heating Fund Campaign 2024-2025

I/We want to make a financial contribution of \$ _____ towards the Heating Fund Campaign

METHOD:

<input type="checkbox"/> cash	Donate using regular church envelope – indicate “heating fund”
<input type="checkbox"/> cheque	Payable to “St. Paul’s Anglican Church” – indicate “heating fund”
<input type="checkbox"/> eTransfer	<u>treasurer@stpaulshk.org</u> – indicate “heating fund”
<input type="checkbox"/> PAW – 15 th of month	Pre-authorized withdrawal. Complete this form and reverse side
<input type="checkbox"/> PAYPAL	Visit <u>stpaulshk.org/campaign</u> to donate electronically

FREQUENCY:

- One time – Amount \$ _____ when ____/____/202__
- Monthly – Amount \$ _____

DURATION:

Start: ____/____/202__ End: ____/____/202__

IDENTIFICATION:

Name : (please print) _____

Address: _____

Phone: _____ Email: _____

Date: ____/____/202__ Signature: _____

*For donations of securities please contact the Treasurer: **treasurer@stpaulshk.org***

*Questions - please email **campaign@stpaulshk.org** or contact church office (613)836-1001 or speak to*

Debbie Randall, Wayne Keech or Kristen VanderHoek

All Pledges / Support are Confidential

New (15th of month) Heating Fund Campaign PAW

St. Paul's Anglican Church, 20 Young Rd., Kanata, ON K2L 1W1 - (hereinafter referred to as the Payee)

Name(s) (please print) _____ (hereinafter referred to as the Payor(s))

Address: _____ Postal Code: _____

Phone: _____ Email: _____

Please include a VOIDED cheque with your signed "New (15th of month) Heating Fund PAW" application.

I (we) authorize the Payee to process a personal debit, in paper, electronic or other form in the amount of \$_____ on my (our) account monthly, beginning on the **15th day** of _____, 202__ and ending on the 15th day of _____, 202__.

I (we) acknowledge that I (we) have read and understood all the provisions contained in the terms and conditions of the pre-authorized payment authorization plan as written below.

_____/_____/202__
Signature Date

_____/_____/202__
Signature Date

I (we) warrant that all persons whose signature(s) are required to sign on this account have signed this agreement

Terms and Conditions

I (we) authorize the Payee to debit my (our) account as indicated on the attached "voided" cheque under the terms and conditions agreed to by me (us) with the Payee.

I (we) acknowledge that delivery of my (our) authorization to the Payee constitutes delivery by me (us) to the branch of the financial institution at which I (we) maintain an account and that such financial institution is not required to verify that the debit(s) are drawn in accordance with this authorization.

I (we) will notify the Payee in writing (1) of any changes in the account information provided or (2) to revoke this authorization, not greater than 30 days nor less than 5 days prior to the next due date of the pre-authorized debit. The Payor may obtain a revocation form from the Payee or further information on their right to cancel from their financial institution or by visiting www.cdnpay.ca.

Items charged to my(our) account under any of the following conditions will be reimbursed subject to written notification by me (us) to the Payee within 90 days:

- a) The pre-authorized debit was not drawn in accordance with my (our) authorization;
- b) My (our) authorization was revoked;

I (we) have certain recourse rights if any debit does not comply with this agreement. For example, I (we) have the right to receive reimbursement for any debit that is not authorized or is not consistent with this agreement. To obtain more information on my (our) recourse rights, I (we) may contact my (our) financial institution or visit www.cdnpay.ca.