

Pre-Authorized Debit (PAD) Agreement

S.A.M. MINISTRIES INC.

Date: _____ 20 _____

I want to support S.A.M. Ministries through monthly donations.

Please debit my bank account: (attach VOID cheque)

____ \$35. ____ \$50. ____ \$100 Other Amount _____ (specify)

The debit will be processed to your account on the 18th day of each month or the next business day.

Signature: _____

Donor Name: _____

Address/Contact: _____

_____ PC _____

Tel: _____

E-mail: _____

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

I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD agreements, I may contact my financial institution of visit www.cdnpay.ca

S.A.M. Ministries Inc.
3715 – 85 St NW
Edmonton AB T6K 3R9
Tel: 780-408-3268
E-mail: office@samministries.org

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 .