



St. Mark's Lutheran Church

Request to Change an Existing Pre-Authorized Debit (PAD) Authorization

Payor Name(s)

Envelope #

Please complete only the section(s) requiring a change from your existing PAD plan. If you wish to change your bank account information, please attach a void cheque.

CHANGE MY GENERAL OFFERING AMOUNT

Please enter the new amount you wish to have debited from your account.

I (we) authorize St. Mark's Lutheran Church to process from my (our) account an electronic debit in the amount of

(Please enter amount here)

CHANGE MY WITHDRAWALSCHEDULE - Please select the day(s) of the month you wish the electronic debit to occur.

Pull down menu and select the desired option.

CHANGE IN MY BANK ACCOUNT INFORMATION

Tick the box if you are notifying us of a change in your bank account information

Please attach a void cheque from the account the electronic debit is to be drawn.

I (we) acknowledge that I (we) have read, understood and accepted all the provisions contained in the Terms and Conditions of the Pre-Authorized Payment Authorization and that I (we) have received a copy.

(Note: Terms and Conditions statement available from the church office or at www.stmarkslutheran.ca)

Please print a copy of the completed form, sign in the space provided below and forward to the church office.

Signature of Payor(s): _____ Date: _____

NOTE: This form must be submitted to St. Mark's at least five business days prior to the end of the month in order for the requested changes to take effect in the following month.