



# St. Mark's Lutheran Church Request to Begin a New Pre-Authorized Debit (PAD) Authorization

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Payor Name(s)

Envelope #

## **GENERAL OFFERING AMOUNT**

*Please enter the 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)*

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

Pull down menu and  
select the desired option.

**Please use the pull down menus below to indicate when you would like your PAD plan to begin. (Please see note at the bottom of this form regarding necessary lead times).**

Beginning Month

Year

**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](http://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:** Forms submitted prior to the 15th of the month will be effective the following month. Forms received after the 15th of the month may take an additional month before the PAD plan becomes effective.