## Pre-Authorized Remittance Wellspring Worship Centre

Contributor(s) Name(s):		
Toronto ON M2M 2L7 amount of \$	', to debit my/our acco through the service	ng Worship Centre, of 89 Centre Ave bunt on the 20th day of each month in the provided by UCOC PAR Program (***). er month/year)
Bank/Institutions#: _ Transit/Branch #: _ Account #: _		
*	**Please attach a VOI	ID cheque/PAD form**
Signature	Date	
<ul> <li>behalf of Wellspring.</li> <li>Legal Information:</li> <li>I may change the arrof 15 days.</li> <li>I may revoke my authorized in the authorized or is not obtain more information or visit <a href="www.cdnpay">www.cdnpay</a></li> <li>I waive my right to remittance and agree authorized remittance</li> <li>The use, retention a done in compliance</li> </ul>	mount of my contribution thorization at any time omit a cancellation formancial institution or by tree rights if any debit of consistent with this pration on my recourse receive pre-notification are that I do not require the debit is predicted to the d	da kindly administers the PAR program on ions at any time subject to providing notice of 15 days at mobtained from my church's PAR contact, y visiting <a href="https://www.cdnpay.ca">www.cdnpay.ca</a> does not comply with this agreement. For ursement for any debit that is not re-authorized remittance agreement. To rights, I may contact my financial institution of the amount of the pre-authorized advance notice of the amount of pre-processed.  In on a financial information collected from this form is on, including but not limited to, the Persona cuments Act (2000, c.5).
Phone #:	t:	