

**Pre-authorized Debit (PAD) Agreement
Kenneth Copeland Ministries**

* = Required Information

*Date _____

Please debit my bank account: (*attach VOID cheque*)

*Amount _____

*The debit will be processed to your account on the **1st day** of each month or the next business day.*

*Starting _____ (month)

*Signature: _____

*Name: _____

*Address/Contact Information: _____

*Phone Number: _____

*eMail Address: _____

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

I may revoke my authorization at any time, subject to providing notice by the **20th day of the previous month**. A cancellation notice may be provided to KCM by way mail, email, telephone or fax. For more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca.

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Fax: 604-888-6351
partners@kcmcanada.org
www.kcmcanada.ca

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.