

# Arlington Beach Camp and Conference Centre Inc.

(Associated with The Free Methodist Church in Canada™)

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Telephone (306) 484-4460  
P.O. Box 15 Cymric, SK S0G 0Z0

Fax (306) 484-2117



Dear Sir/Madam:

I hereby authorize Arlington Beach Camp & Conference Centre Inc. to debit my bank account # \_\_\_\_\_ at the \_\_\_\_\_, for monthly payments in the amount of \$ \_\_\_\_\_ beginning \_\_\_\_\_, 2010 for my donation.

To verify my account number I enclose a VOID cheque.

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

Name of Donor: \_\_\_\_\_

Address of Donor: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I may revoke my authorization at any time, subject to providing 30 days written notice. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.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](http://www.cdnpay.ca).

Upon receipt of this form, Arlington Beach Camp will deliver this Pre-Authorized Debit (PAD) Agreement to its financial institution for processing.