



Pre-authorized Debit (PAD) Agreement

St. Mena Coptic Orthodox Church

Date: / /

I want to support St. Mena Church through monthly donations.

Please debit my bank account: (attach VOID cheque if possible) on the _____ of each month.

Bank Account: Transit No. Institution No. Account No.

Amount \$: _____ (please specify)

I authorize St. Mena Coptic Orthodox Church to set up a contribution using the information above.

Name: _____

Address: _____

Email: _____

Phone: _____

Signature: _____

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

I may revoke my authorization at any time, subject to providing 15 days notice. Please contact:

St. Mena Coptic Orthodox Church
Tel: 613-539-7801
E-mail: St.menakingston.donation@gmail.com