

## Payor's Authorization For Pre-Authorized Debits For Donations to Philpott Memorial Church

1. Payor's Name and Address - please print  
I/We warrant and represent that the following information is accurate.

Mr. Mrs. Ms. Miss	Surname	First Name
Street		
City	Postal Code	Telephone Number

Name of Payor's Financial Institution (the "Processing Institution")		
Street		
City	Postal Code	Account Number

I/We have **attached a specimen cheque marked "VOID"** to this payor authorization (the "Authorization").

I/We will inform the Payee, in writing, of any change in the information provided in this section of the Authorization prior to the next due date of the PAD.

2. Payee: **Philpott Memorial Church**, 84 York Blvd, Hamilton, ON, L8R 1R6, 905-527-4802
3. I/We acknowledge that the Authorization is provided for the benefit of the Payee and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against my/our account, as listed above, (the "Account") in accordance with the Rules of the Canadian Payments Association.
4. I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization below.
5. I/We hereby authorize the Payee to issue Pre-Authorized Debits (as defined in Rule H4 of the Rules of the Canadian Payments Association) (the "PAD") drawn on the Account, for the following purpose: **Undesignated Donations**.
6. I/We may change the amount or frequency of the PAD or cancel the Authorization upon providing written notice to the Payee no later than 15 days prior to the effective date of such change or cancellation.
7. I/We acknowledge that provision and delivery of the Authorization to the Payee constitutes delivery by me/us to the Processing Institution. Any delivery of the Authorization to the Payee, regardless of the method of delivery, constitutes delivery by me/us.
8. The Payee will provide us with written confirmation of the amount to be debited (the "Payment Amount") and the date(s) on which the Payment Amount debited will be posted to my/our Account (the "Payment Date"). Such notice will be sent at least 10 calendar days before the Payment Date of the **first** PAD, and such notice shall be provided every time there is a change in the Payment Amount or the Payment Date(s).
9. The Payee may issue a PAD in a dollar amount of \$ \_\_\_\_\_ on the \_\_\_\_\_ day of the month, beginning in the month of \_\_\_\_\_.
10. I/We acknowledge that the Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of the Authorization including, but not limited to, the amount, or that any purpose of payment for which the PAD was issued has been fulfilled by the Payee as a condition to honouring a PAD issued or caused to be issued by the Payee on the Account.
11. Revocation of the Authorization does not terminate any contract for goods or services that exists between me/us and the Payee. The Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.
12. I/We may dispute a PAD only under the following conditions:
- (i) the PAD was not drawn in accordance with the Authorization;
  - (ii) the Authorization was revoked; or
  - (iii) pre-notification, as required under Section 8 was not received.
- I/We acknowledge that in order to be reimbursed a declaration to the effect that either (i), (ii) or (iii) took place, must be completed and presented to the branch of the Processing Institution holding the Account up to and including 90 calendar days after the date on which the PAD in dispute was posted to the Account.
- I/We acknowledge that when disputing any PAD beyond the time allowed in this section, it is a matter to be resolved solely between me/us and the Payee, outside the payments system.
13. I/We agree that the information contained in the Authorization may be disclosed to the payee's financial institution as required to complete any PAD transaction.
14. I/We understand and accept the terms of participating in this PAD plan.

\_\_\_\_\_  
(Authorized Signature) \_\_\_\_\_  
(Print Name in full) \_\_\_\_\_  
(Date)