

## PERSONAL Pre-Authorized Debit (PAD) Agreement

To: BAKERVIEW CHURCH (the "Payee")



This Authorization is provided for the benefit of the Payee and our Financial Institution and is provided in consideration of our Financial Institution agreeing to process debits against our account in accordance with the Rules of the Canadian Payments Association (the "CPA Rules").

**INSTRUCTIONS:** *Please complete all sections to instruct your Financial Institution to make payments directly from your account. Return the completed form with a blank cheque marked "VOID" to the payee below.*

### 1. CUSTOMER (ACCOUNT HOLDER) INFORMATION

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

### 2. BANK ACCOUNT INFORMATION

Account Number: \_\_\_\_\_ Branch Transit Number: \_\_\_\_\_

Financial Institution Number: \_\_\_\_\_

Financial Institution: Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

### 3. PRE-AUTHORIZED DEBIT (PAD) PAYEE DETAILS

Company Name: BAKERVIEW CHURCH

Mailing Address: 2285 CLEARBROOK RD  
ABBOTSFORD, BC  
V2T 2X4

Telephone #: (604) 859-4611

E-mail: info@bakerview.org

**Account Information:** The account that the Payee is authorized to draw upon is indicated above. A specimen cheque available for this account as been marked "VOID" and is attached to this authorization.

**Accuracy and Changes in Account Information:** By signing this Authorization, we certify that all information contained in this form is accurate and we agree to inform the Payee, in writing, of any change in the information provided prior to the next due date of the PAD.

**Valid Signing Authority:** We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

**Authority to Debit Account:** We hereby authorize the Payee to draw on our account indicated above with our Financial Institution, for the following purpose (e.g. donations).

**Frequency and Amount of Debits:** A debit, in paper, electronic, or other form in the amount of \$ \_\_\_\_\_ or a variable amount, with a reasonable latitude for adjustments and in no case to exceed \$ \_\_\_\_\_ may be drawn on our account \_\_\_\_\_ (frequency: Monthly/semi-monthly) beginning with the Payor to pre-authorize the processing of each and every PAD against our account whether authorized verbally or electronically, by use of a password, secret code or such other signature equivalent, as the parties shall agree to constitute valid authorization.

**Validation by Processing Financial Institution:** We acknowledge our Financial Institution is not required to verify that any purpose of payment for which a PAD was issued has been fulfilled by the Payee or that a PAD has been issued in accordance the particulars of our Authorization including, but not limited to, the amount, as a condition to honouring a PAD issued by the Payee on our account.

**Recourse/Reimbursement:** We have certain recourse rights if any debit does not comply with this agreement. For example, we 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 our recourse rights, we may contact our Financial Institution or visit [www.cdnipay.ca](http://www.cdnipay.ca)

**Our Rights of Dispute:** We may dispute a Pre-Authorized Debit in accordance with the CPA Rules under the following conditions:

1. The PAD was not drawn in accordance with our Authorization; or
2. This Authorization was revoked.

In order to be reimbursed, we acknowledge that a declaration to the effect that either (1) or (2) took place, must be completed and presented to our branch of our Financial Institution up to and including 90 calendar days after the date on which the disputed PAD was posted to our account. We acknowledge that any claim made after 90 business days or for any reason other than the above is a matter to be resolved solely between the Payee and ourselves.

**Acceptance of Delivery of Authorization:** We acknowledge that provision and delivery of this authorization to the Payee constitutes delivery by us to our Financial Institution. Any delivery of this Authorization to you constitutes delivery by us.

**Cancellation of Arrangement:** This Authorization may be cancelled at any time upon notice by us to the Payee at least **30 days** prior to the PAD being issued.

**Pre-Notification Waiver:** We agree with the Payee to waive the requirement under the CPA Rules to receive a written pre-notification prior to each PAD as set out in the Rules.

**We understand and agree** to this PAD arrangement and to the disclosure of any confidential information to any third parties as may be required to process the PAD in accordance with the CPA Rules.

Date: \_\_\_\_\_

Authorized Signatory: \_\_\_\_\_

Name: \_\_\_\_\_

Authorized Signatory: \_\_\_\_\_

Name: \_\_\_\_\_