

**Payor's Authorization for PRE-AUTHORIZED DEBITS (PAD) for  
Donations to Concordia Lutheran Church**

1) **Payor's Name and Address - please print**

I/We warrant and represent that the following information is accurate

Surname	First name	Mr. Mrs. Ms. Miss
Address		
City	Postal Code	Telephone # ( )
Email Address		

Name of <b>Payor's</b> Financial Institution (the <b>Processing Institution</b> )		
Branch	Address	
City	Postal Code	Account Number

Please debit my bank account : (I/We have attached a specimen cheque marked "VOID" to this Payor's Authorization)

The Payee may issue a PAD once a month, on the 20th day of each month for which the agreed upon donation will be debited. If the 20<sup>th</sup> falls on a Saturday, Sunday or Statutory Holiday the donation will be withdrawn on the following business day.

2) **Payee's Name and Address**

<b>Concordia Lutheran Church 2800 South Main Street Penticton, BC V2A 6W3</b>
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3) I/We acknowledge that the Authorization is provided for the benefit of the **Concordia Lutheran Church**. and the **Processing Institution**.

4) I/We hereby authorize Concordia 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: Donations to Concordia Lutheran Church.

5) I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization below.

6) I/We may revoke the Authorization at any time upon providing written notice to Concordia Lutheran Church. at least 20 days prior to the next due date of the PAD. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution.

7) I/We 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.

8) Revocation of the Authorization does 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.

11) I/We understand that all items returned unpaid, either as Non-Sufficient Fund or Uncollected Funds, will be subject to a \$25.00 returned item fee to be debited from my/our account on re-presentation of the item.

14) All Stop Payment orders and items returned unpaid as Account Closed made without the revocation of Authorization, as required under Section 6, will be subject to the immediate repayment of the donation and a \$25.00 returned item fee through alternate means.

15) Payor consents for **Concordia Lutheran Church** to collect, use, retain and disclose the Payor's personal information, for the purpose of collecting accounts remaining unpaid for more than 30 days.

16) I/We agree that the information contained in the Authorization may be disclosed to the Processing Institution as required to complete any PAD transaction.

17) The first PAD will occur on the 20<sup>th</sup> of September 2019, or the next business day.

18) I/We understand and accept the terms of participating in this PAD plan:

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Joint Account Holder

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Date

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**For Office use only :**

Today's Date : \_\_\_\_\_

1. Check marked "VOID", and authorization form received \_\_\_\_\_
2. Monthly payment of \$\_\_\_\_\_ to be debited on 20<sup>th</sup> of each month starting from \_\_\_\_\_