

Payor's PAD Agreement

INSTRUCTIONS

1. The Payee must retain this agreement for at least 12 months after the last Pre-Authorized Debit (PAD) is issued.
2. The Payee can obtain the transaction type code from the CPA's website:
http://www.cdnpay.ca/rules/pdfs_rules/standard_005.pdf. Go to Section E, Appendix 2, Transaction Types.
3. The Payee will insert the number of days required to cancel a payment in the "Cancel Payment" Section (cannot exceed 30 days).

PAYOR/PAYEE INFORMATION (MANDATORY)
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Account Holder(s) Name(s) and Address(es) (the "Payor")

NAME _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

PHONE _____ EMAIL _____

Payee Name and Address (the "Payee")

NAME Vineland Missionary Church

ADDRESS 3874 Victoria Avenue

CITY: Vineland PROVINCE: ON POSTAL CODE: L0R 2C0

PHONE: 905- 562- 7141 EMAIL _____

PAYMENT DETAILS: Specimen cheque marked "VOID" attached.

DESCRIPTION OF PAD <i>(optional)</i> Donation	CPA TRANSACTION TYPE 480	PAYMENT TYPE (choose one only) <input checked="" type="checkbox"/> Personal PAD <input type="checkbox"/> Business PAD <input type="checkbox"/> Funds Transfer PAD
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**PAYOR
ACCOUNT**

(the Payor's account at the Processing Institution; the "Account")

Institution 0 _____	Branch ID or Transit _____	Account Number _____
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PAYOR FINANCIAL INSTITUTION - NAME AND ADDRESS <i>(the "Processing Institution")</i>	PAYEE ACCOUNT (Payee's account for credit - complete if known.)

DATES

Semi-monthly beginning _____ Semi-monthly 15th & 30th

Monthly beginning _____ Monthly 30th

AMOUNT OF PAYMENT:

Fixed Total Amount: \$ _____

Church Budget (Current Expenses & Missions) \$ _____

Building Fund \$ _____

Other _____ \$ _____
Please specify

AUTHORIZATION

I/We acknowledge that this Authorization is provided for the benefit of the "Payee" and "Processing Institution" and is provided in consideration of Processing Institution agreeing to process debits ("PADs") against the Account with Processing Institution in accordance with the Rules of the Canadian Payments Association (the "CPA Rules").

By signing this Authorization, the Payor acknowledges having received and having read a copy of this Agreement, including the terms and conditions on page 3, acknowledges understanding the terms and conditions of the Agreement, and agrees to be bound by the terms and conditions of this Agreement, including the terms and conditions on page 3.

I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed the Authorization.

X _____
Payor Signature Date

X _____
Payor Signature Date

Note: If only one signature is required for the Account, then only one Payor need sign. However, if tow or more signatures are required, then both or all Payors must sign.

WAIVER OF PRE-NOTIFICATION (DOES NOT APPLY TO SPORADIC PADS)

I/We waive any and all requirements for pre-notification of debiting, including, without limitation, pre-notification of any changes in the amount of the PAD due to a change in any applicable tax rate, top-up, or adjustment.

X _____ X _____
Payor Signature Payor Signature

CANCELLATION PAYMENT (10 DAYS NOTICE IS REQUIRED BEFORE THE NEXT PAD WILL BE ISSUED. CANNOT EXCEED 30 DAYS)
The Payor hereby cancels this Payor's PAD Agreement effective: _____

X _____
Payor Signature Date

X _____
Payor Signature Date