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Pre-Authorized Debit Agreement with St. John's Richmond

TO St. John's Richmond Church (the "PAYEE")
To Direct Debit an Account

Account Holder(s):

(First) (Last)

(First) (Last)

(Address) (Telephone Number)

(City) (Province) (Postal Code)

Financial Institution:

(Name) (Address)

(City) (Province) (Postal Code)

(Account No.) (Branch No.) (Institution No.)

This is a (please check one)

Personal Account _____

Business Account _____

The undersigned Accountholder(s) authorize the PAYEE to debit the above account at the above indicated branch of the financial institution named, in payment of: Tithes under the terms and conditions agreed to between the undersigned and the PAYEE, until such time as written notice to the contrary is received by the PAYEE.

A debit in the amount of \$ _____ may be drawn on the account, on the 15th day of each month, beginning _____ and ending _____.

The financial institution at which the account is maintained is not required to verify that any debits drawn by the PAYEE are in accordance with this Authorization or the agreement made between the undersigned and the PAYEE.

It is acknowledged that in order to revoke this Authorization the undersigned must provide written notice to the PAYEE at least 15 days before the set withdrawal date. This Authorization may be cancelled at any time upon written notice by the undersigned to the PAYEE. For more information on your rights to cancel this agreement please visit www.cdnpay.ca

The undersigned will notify the PAYEE promptly in writing if there is any change in the above account information or if this Authorization is to be terminated.

The right is acknowledged by the undersigned, to full reimbursement of a pre-authorized debit made to the account by the above-noted financial institution. If the right is exercised within 90 days after the item in dispute is posted to the account and any of the following conditions apply: (a) the PAYEE was never provided with an Authorization, (b) the debit was not drawn in accordance with the Authorization that was provided to the PAYEE, (c) the Authorization that was provided to the PAYEE was revoked in writing, or (d) the debit was posted to the wrong account due to incorrect account information.

It is acknowledged by the undersigned that delivery of this Authorization to the PAYEE constitutes delivery by the undersigned to the above-noted financial institution. It is warranted by the undersigned that all persons whose signatures are required to sign on the above account have signed this Authorization. Receipt is acknowledged by the undersigned of a signed copy of this Authorization.

"You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights, contact your financial institution or visit www.cdnpay.ca."

Signature(s) of Account Holder(s)

(Date)

Signature(s) of Account Holder(s)

(Date)

For verification, please attach a blank cheque marked "VOID" to the completed Authorization.