Meridian™

Wainfleet Brethren in Christ - Pre-Authorized Debit Agreement

Instructions —
1. Fill in the blanks in full
2. Choose your designation(s)
3, Make sure the agreement is signed by all account holders.
4. Attach a VOID cheque to this agreement
5. Keep a copy for your records
6. Drop in offering plate, church office, or mail to church at address below

Payee

(The "Payee" is the business or entity being paid)

Name of Payee: **Wainfleet Brethren in Christ Church**

Street Address: **53007 Perry Road**

City: **Wainfleet** Province: **ON** Postal Code: **L0S 1V0**

Telephone: **(905) 899-1343** E-mail: **office.wainfleetbic@gmail.com**

Payor

(The "Payor" is the person whose account will be debited for payment)

Name of Payor: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ E-mail: _____

Your Financial Institution *(the "Processing Institution")*

Name of FI: _____

Address: _____

Account Information

Account Info: Branch Transit N° | Institution ID | Account N°

Designation

Areas of Designation

The donations made with this with this PAD Agreement are for personal use only:

Local budget (fixed): $_____
Capital campaign (fixed): $_____
World Hunger (fixed) $_____
MCC (fixed) $_____
Total $_____

Office use only.....

CPA Trans. Code | Description of PAD

Timing

☐ Bi-Monthly (15th and 30th) starting _____

☐ Monthly (15th) starting _____

☐ Monthly (30th) starting _____

Authorization

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

By signing this agreement, I/we acknowledge having received a copy of this agreement, including the terms and conditions below, and I/we acknowledge having read and understood its contents. I/We agree to be bound by this agreement, including the terms and conditions below.

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

Pre-Notification Waiver

☐ **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.**

Date _____ ✕ Signature of Account Holder _____

Date _____ ✕ Signature of Joint Account Holder *(if applicable)* _____

Cancel Payment

Note: You may revoke this authorization at any time by submitting a completed Pre-Authorized Change Form subject to providing notice of no less than 10 days prior to the date of the next payment. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit ***www.cdnpay.ca***.

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