

PAAC Pre-Authorized Debit (PAD) Agreement

Approved by the Board: 20 March 2008

Implementation Date: 30 June 2008

This document is based on guidelines from the Canadian Payments Association, Rule H1,
<https://www.payments.ca/paying-pre-authorized-debit>

Scope

"I/We acknowledge that this authorization is provided for the benefit of Prince Albert Alliance Church and my financial institution and is provided in consideration of my financial institution agreeing to process debits against my account in accordance with the rules of the Canadian Payments Association."

Valid Signing Authority

"I(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

"I(We) hereby authorize Prince Albert Alliance Church to draw on my account, for the following purpose: Charitable Donation to the Prince Albert Alliance Church as per my direction on file at the church office. I(We) authorize the church to draw on my account the fixed amount of \$ _____

_____ Weekly beginning on _____

_____ Bi-weekly beginning on _____

_____ 15th and last day of each month (or the next business day) beginning on _____

_____ Monthly beginning on _____ We normally process monthly transactions on the 15th (or the next business day) unless you specify otherwise.

Cancellation of Agreement

"This authorization/agreement may be cancelled at any time upon notice being provided by myself either in writing or orally with proper authorization to verify my identity, within 7 business days before the next PAD was to be issued. I(We) acknowledge that, in order to revoke this authorization, I(we) must provide notice of revocation to Prince Albert Alliance Church."

Acceptance of Delivery of Authorization

"I(We) acknowledge that by providing and delivering this authorization to Prince Albert Alliance Church constitutes delivery by myself to my financial institution where funds are to be drawn as per this agreement."

Waiver of Pre-Notification

"I(We) acknowledge that my signature on this agreement will initiate automatic withdrawals from my account named below, and that there will not be any pre-notification from the Prince Albert Alliance Church advising me in advance of these withdrawals."

Church Contact Information

Address: 2777 6th Avenue West Prince Albert, SK S6V 5L4 Phone: 1 (306) 763-3771

Website: www.princealbertalliance.com E-mail: office.paac@sasktel.net

Account Information

"The account that Prince Albert Alliance Church is authorized to draw upon is indicated below. A specimen cheque, if available for this account, has been marked "VOID" and attached to this authorization. I(We) undertake to inform Prince Albert Alliance Church, in writing, of any changes in the account information provided in this authorization prior to the next due date of the PAD."

PAYER (Donor): _____ TELEPHONE: _____

MAILING ADDRESS: _____

CITY, PROVINCE & POSTAL CODE: _____

FINANCIAL INSTITUTION: _____

BANK ADDRESS: _____

BANK NUMBER: _____ TRANSIT: _____ ACCOUNT #: _____

Validation by Processing Member

"I(We) acknowledge that my financial institution named above is not required to verify that a PAD has been issued in accordance with the particulars of this PAD Agreement including, but not limited to, the amount."

Payer's Rights of Dispute – Funds Transfer PADs

"A PAD may be disputed by a payer under the following conditions:

- (i) the PAD was not drawn in accordance with the Payer's PAD agreement; or*
- (ii) the Payer's PAD agreement was revoked.*

The payer, in order to be reimbursed, acknowledges that a declaration to the effect that either (i) or (ii) took place, must be completed and presented to the branch of the processing member holding the payer's account up to and including 90 calendar days in the case of a personal PAD, after the date on which the PAD in dispute was posted to the payer's account. The payer acknowledges that a claim on the basis that the Payer's PAD Agreement was revoked, or any other reason, is a matter to be resolved solely between the payee and the payer when disputing any PAD after 90 calendar days in the case of a personal PAD. The payer, in order to be reimbursed funds transferred improperly shall notify the office of the Prince Albert Alliance Church and request a cheque in the amount being disputed. Once the church has verified the claim, a cheque shall be issued to cover the dispute."

PAD Specifications

"The Payer is responsible to notify the Prince Albert Alliance Church office of the designations that the transferred funds are to be used for. If the Payer does not notify the office, all funds transferred will be designated to the church's General Fund Account. The Payer can designate portions of the transferred funds for General Fund, Canadian Ministries, Global Advance Fund, or Benevolent Fund, or Other as designated below."

General Fund: \$ _____

Canadian Ministries: \$ _____

Global Advance Fund: \$ _____

Benevolent Fund: \$ _____

Other: _____ amount of \$ _____

Payer Acceptance

"I(We) accept understanding and participation in this agreement with the Prince Albert Alliance Church."

Disclosure of Information Consent

"I(We) accept that the implementation of this PAD is a disclosure of personal information. This information may only be used to meet the needs of implementing this PAD as per the proper application of Rule H1. It is accepted that the office of the Prince Albert Alliance Church will keep and maintain copies of records to comply with the proper implementation of Rule H1 regarding this PAD."

Authorization

Name (Print): _____

Signature: _____

Date: _____