

**Authorization for PRE-AUTHORIZED DEBITS (PAD) for
Monthly Donations to First Lutheran Church, Lloydminster, Alberta**

1) Payee's Name and Address
 First Lutheran Church
 2925 - 57A Avenue
 Lloydminster, Alberta T9V 1W5

2) Payer's Name and Address - please print:

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

Surname		First Name		Joint Account Holder	
Address					
City	Province	Postal Code	Telephone #		
Church Envelope Number			Email Address		

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

Name of Bank:					
Branch Address (including Postal Code):					
Branch (Transit) #		Institution #		Account #	
Monthly Contribution: \$		Commencing (MM/YY):			

The Payee may issue a PAD once a month, on the 20th day of each month. The payment will be debited on the next business day if the 20th falls on a Saturday, Sunday or a statutory holiday. I/We will inform the Payee, in writing, of any change in the information provided in this section of the Authorization at least 20 days prior to the next due date of the PAD.

- 3) I/We acknowledge that the Authorization is provided for the benefit of First Lutheran Church and the Processing Institution.
- 4) I/We hereby authorize First Lutheran Church 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: Monthly Donations "Offerings".
- 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 First Lutheran Church at least 20 days prior to the next due date of the PAD. For more information on my right to cancel a PAD Agreement, I/we may contact my financial institution or cdpay.ca. To obtain a Cancellation of Authorization form, I/we may contact the Church Office.

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) Cancellation of the Authorization does terminate any contract for goods or services that exists between me/us and First Lutheran Church. The Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.

9) 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.

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

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

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

Client Signature _____ Name (Please Print) _____ Date _____

Joint Account Holder Signature _____ Name (Please Print) _____ Date _____

PLEASE ATTACH VOID CHEQUE HERE: