



PAYOR'S AUTHORIZATION FOR PRE-AUTHORIZED DEBITS

1. Payor's Name and Address (please print):

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

Mr. Mrs. Ms. Miss.	Surname	First Name
Street		
Town	Postal Code	Telephone Number Email

Name of Payor's Financial Institution (the "Processing Institution")		
Street		
Town	Postal Code	Account Number

I/We have attached a specimen cheque marked "VOID" to this payor authorization (the "Authorization").

I/We will inform the Payee, in writing, of any change in the information provided in this section of the Authorization at least 5 calendar days prior to the next due date of the Pre-Authorized Debits.

2. Payee's Name and Address:

Auburn Bible Chapel
911 Armour Road, Peterborough, ON, K9H 2A7
705.742.1032

3. I/We acknowledge that the Authorization is provided for the benefit of the Payee and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against my/our account (the "Account"), as listed above, in accordance with the Rules of the Canadian Payments Association.

4. I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization below.

5. I/We hereby authorize the Payee to issue Pre-Authorized Debits (the "PAD") (as defined in Rule H4 of the Rules of the Canadian Payments Association) drawn on the Account, for the following purpose of making charitable contributions to the Payee.

6. I/We may cancel the Authorization at any time upon providing written notice to the Payee.

7. I/We acknowledge that provision and delivery of the Authorization to the Payee constitutes delivery by me/us to the Processing Institution. Any delivery of the Authorization to the Payee, regardless of the method of delivery, constitutes delivery by me/us.

8. This Authorization will serve as the Payee's sole notice with respect to the amount to be debited (the "Payment Amount") and the date(s) on which the Payment Amount debited will be posted to my/our Account (the "Payment Date"). Same notice shall be provided every time there is a change in the Payment Amount or the Payment Date(s).

9. I/We authorize the Payee to issue a PAD(s) according to the following amounts and frequencies:

Payment Amount \$	Payment Date(s) (select one only) <input type="checkbox"/> weekly (Monday of each week) <input type="checkbox"/> semi-monthly (on the 15th and last days of each month) <input type="checkbox"/> monthly (on the last day of each month)
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10. I/We acknowledge that the Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of the Authorization including, but not limited to, the amount, or that any purpose of payment for which the PAD was issued has been fulfilled by the Payee as a condition to honouring a PAD issued or caused to be issued by the Payee on the Account.

11. I/We may dispute a PAD only under the following conditions:

- (i) the PAD was not drawn in accordance with the Authorization;
- (ii) the Authorization was revoked; or
- (iii) pre-notification, as required under Section 8 was not received.

I/We acknowledge that in order to be reimbursed, a declaration to the effect that either (i), (ii) or (iii) took place, must be completed and presented to the branch of the Processing Institution holding the Account up to and including 90 calendar days after the date on which the PAD in dispute was posted to the Account.

I/We acknowledge that when disputing any PAD beyond the time allowed in this section, it is a matter to be resolved solely between me/us and the Payee, outside the payments system.

12. I/We agree that the information contained in the Authorization may be disclosed to Royal Bank of Canada as required to complete any PAD transaction.

13. I/We understand and accept the terms of participating in this PAD plan.

(Authorized Signature)

(Additional Authorized Signature, if req'd)

(Client Name in full)

(Additional Client Name in full)

(Date)

(Date)